



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
GUAM BOARD OF BARBERING AND COSMETOLOGY
 194 Hernan Cortez Ave, Ste 213, Hagatna, GU 96910
 735.7408



ESTABLISHMENT APPLICATION CHECKLIST

Change Owner Change Operator Name Change New Change of Location

Date Application Submitted: _____

Name of Establishment: _____

Owner of Establishment: _____

Old Location of Establishment (if applicable): _____

New Location of Establishment: _____

Change of Operator/License#: From: _____ To: _____

1. _____ Completed Application
2. _____ Copy of Cosmetology License(s) (ALL staff)
3. _____ Sanitary Inspection (New Applicant)
4. _____ Business License
5. _____ Payment Fee
 - a. Change Owner – submit documents 1-5
 - b. Change Operator – submit documents 1-2 (no staff)
 - c. Name Change – submit documents 1-2 (no staff)
 - d. New – submit documents 1-5

BOARD MEMBER SIGNATURE	ACTION	DATE	COMMENTS
	Approved/Disapproved		
	Approved/Disapproved		
	Approved/Disapproved		
	Approved/Disapproved		



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ESTABLISHMENT APPLICATION

BEAUTY SHOP **NEW**
SCHOOL OF COSMETOLOGY **CHANGE**
OTHER (Specify)

Name of Establishment: _____

Mailing Address: _____

Location/Physical Address: _____

Business Telephone #: _____ Business Email: _____

Owner of Establishment: _____

Owner's Telephone #: _____ Owner's Email: _____

SANITATION INSPECTION COMPLETED? NO YES (Inspection report must be attached)

Sole Proprietor: ____	Partnership: ____ (List names below)	Corporation: ____ (List names below)	Other: ____ (Specify)

Licensed Individuals

Licensed Apprentices

I hereby certify that _____, license # _____, will be the sole cosmetologist to operate the establishment. I will notify the Guam Board of Barbering and Cosmetology within 15 days of any change. I understand that the issuance of said license is contingent upon compliance with Public Law 11-120 and applicable laws and regulations, and that said license after issuance, may be revoked or suspended for failure to comply with provisions of said laws and regulations. I also understand that I must register my establishment with the Department of Revenue and Taxation, Business License Section.

Owner of Establishment: _____
Signature Date

Licensed Cosmetologist: _____
Signature Date