



ESTABLISHMENT APPLICATION CHECKLIST

Please circle the following that applies:

Required Documents to be submitted:

New Establishment	Completed Application, Copy of Cosmetology Licensees, Copy of DPHSS Job Site Inspection Report, Copy of Business License, and Payment fee No. 6 on the record of payment – Copy of a Sanitary permit will be needed before Certificate is released.
Name Change	Completed Application, Copy of Cosmetology Licensees, Copy of Business License
Change of Owner	Completed Application, Copy of Cosmetology Licensees, Copy of Business License
Change of Operator	Completed Application, Copy of Cosmetology Licensees, Copy of Business License
Change of Location	Completed Application, Copy of DPHSS Job Site Inspection Report, Copy of Business License

Name of Establishment: _____

Owner of Establishment: _____

Old Location of Establishment (if applicable): _____

New Location of Establishment: _____

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

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



Department of Public Health & Social Services
THE GUAM BOARD OF BARBERING AND COSMETOLOGY

Mailing & Physical Address: 194 Hernan Cortez Avenue, Terlaje Professional Building Suite 213
 Hagåtña, Guam 96910
 Website: <https://guamhplo.org>
 Contact No. (671) 735-7412

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: _____
 (Is DPHSS Job Site Inspection Report attached?) NO YES

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



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RECORD OF PAYMENT

I. IDENTIFICATION

Name: _____

Mailing Address: _____

Email Address: _____

Phone No. _____

Signature: _____

Date: _____

II. Verification of Licensure: Please print the complete name used on the original license and your social security number.

Name: _____ Social Security No. _____

III. Fee: Pursuant to P.L. 25-188, Section 18127, The Board shall promulgate rules and regulations to charge fees for examination, licensure, and renewal of licensure and penalties, as appropriate, in accordance with the Administrative Adjudication Law

1.	Examination & Regulations as a Cosmetologist, Electrologist, Manicurist, or Esthetician	\$20.00
2.	Re-Examination as a Cosmetologist, Electrologist, Manicurist, or Esthetician	\$10.00
3.	Examination and Registration as an Instructor	\$20.00
4.	Re-Examination and Registration for an Instructor	\$10.00
5.	Renewal of Certificates	\$4.00
6.	Cosmetological Establishment License and Certificate	\$20.00
7.	Renewal of Cosmetology Establishment License	\$4.00
8.	School of Cosmetology License and Certificate	\$100.00
9.	Renewal of School Cosmetology License and Certificate	\$25.00
10.	Photocopy of record per page	\$1.00
11.	Initial Application Fee for Japanese Cosmetologist (P.L. 30-152 / § 18115. 1)	\$200.00
12.	Annual Special License Fee for Japanese Cosmetologist (P.L. 30-152 / § 18115. 1)	\$800.00
13.	Late Renewal Fee	\$20.00

NOTE: ALL CHECKS AND MONEY ORDERS BE MADE PAYABLE TO THE "TREASURER OF GUAM". PRESENT THIS FORM WITH PAYMENT TO THE CASHIER AT TREASURER OF GUAM THEN RETURN THE PROCESSED FORM TO GBBC. OFF ISLAND APPLICANTS, RETURN THIS FORM WITH YOUR PAYMENT TO GBBC AT THE ABOVE ADDRESS. ALL LICENSE/CERTIFICATES ARE NON-TRANSFERRABLE. ALL FEES ARE NON-REFUNDABLE

FOR OFFICE USE ONLY: FORM OF PAYMENT: CASH CHECK MONEY ORDER CREDIT CARD

Field Receipt: _____ Date Paid: _____