# Department of State
## Licensing Services

New York State
**Department of State**
**Division of Licensing Services**
**Appearance Enhancement**
P.O. BOX 22049
Albany, NY 12201-2049
Customer Service: (518) 474-4429
https://dos.ny.gov

# Appearance Enhancement Business or Area Renter Application

***For a faster and easier process, the Division of Licensing Services encourages applicants to apply online. Using online services provides a quicker turn-around time on your application and updates and it allows you to view and access your license records throughout the license process.***

***Visit our website at: www.dos.ny.gov***

*For more complete instructions and other online information see the FAQ's at* https://dos.ny.gov/appearance-enhancement-business .

*Read the instructions carefully before completing the application. All fields are mandatory; incomplete applications will be returned, delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application or supporting documentation may be deemed sufficient reason to deny a license, or, if a license is issued could result in the suspension or revocation of a license.*

## What is an "Appearance Enhancement" Business?

An Appearance Enhancement Business is one that provides any or all of the services licensed under Article 27 of the General Business Law (Cosmetology, Esthetics, Nail Specialty, Natural Hair Styling or Waxing). You must obtain a license to own, control or operate an Appearance Enhancement Business in New York State. This is required regardless of whether you are a sole proprietor, partner, shareholder, officer or independent contractor (Area Renter). See chart on page 4.

An Appearance Enhancement Business license does *not* allow you to provide customer services. Each person who provides service must be licensed by the Department of State in his or her respective discipline. Additionally, as a licensed Appearance Enhancement Business, you cannot permit the practice of Barbering at your business location without first obtaining a Barber Shop license (Article 28 of the General Business Law). Apprentice Barbers must be sponsored by a licensed master Barber (not a licensed Natural Hair Stylist) and cannot be employed by an Appearance Enhancement Business.

## What is an "Area Renter"?

An Area Renter is a licensed operator who works in an Appearance Enhancement Business but who is *not employed by the owner*. If you are an Area Renter, you are an independent contractor and must obtain an Area Renter license in addition to your operator's license. An Area Renter's license alone does *not* allow you to provide customer services.

## What are the general requirements for Appearance Enhancement Business and Area Renter licenses?

Appearance Enhancement Business and Area Renter applicants must:

- be at least 18 years old;
- comply with all federal, state and local health and safety laws, rules, regulations and codes, including the Americans with Disabilities Act; **and**
- operate the business or rent at the location listed on the license.

An **Appearance Enhancement Business and Area Renter** must maintain a surety bond; accidental and professional liability insurance policies, each in the minimum amount of $25,000 per occurrence and $75,000 in the aggregate; **or** a general liability policy in such amounts. **You must submit evidence of this requirement at the time of your application.** In addition, evidence of such must be maintained on the premises.

An **Appearance Enhancement Business** must maintain a Wage Bond as described below.

Wages legally due to workers and other providers of nail services of:

- At least $25,000 if you employ the equivalent of two to five full time individuals who provide nail specialty services
- At least $40,000 if you employ the equivalent of six to ten full time individuals who provide nail specialty services
- At least $75,000 if you employ the equivalent of 11 to 25 full time individuals who provide nail specialty services
- At least $125,000 if you employ the equivalent of 26 or more full time individuals who provide nail specialty services.

The liability coverage may be obtained by purchasing a bond in favor of the people of the State of New York; accidental and professional liability or general liability insurance; or a combination of the previous options provided that the coverage amounts are satisfied. **You must provide evidence of this requirement at the time of your application.** In addition, evidence of such must be maintained on the premises.

### What should I do if I close my shop?

You should notify this department of shop closure. An Appearance Enhancement Business may be closed by downloading the Business Closing Form (DOS-1960) from our website and mailing the completed form to our office. There is no fee for the notification of closure.

When a shop closes it will cancel all Area Renter licenses associated with it; any Area Renter associated with the closed shop must apply for a new Area Renter license to be associated with a new shop.

You may also submit this request online. See online section for more detailed instructions.

### What do I do if the shop I'm renting in closes?

When the Appearance Enhancement Business you rent from closes it will cancel your Area Renter license. You must apply for a new Area Renter license to be associated with a new business.

You may also submit this request online.

### Why do I need to provide my email address on the paper application?

Your email address will be used to create your Appearance Enhancement/Barber License System account. Most communications will be sent via email. If you change your email address in the future you will need to log into your account and update it with the new email address.

### What is the fee, term of licensure?

A nonrefundable, $60 application fee must be submitted with the application. Licenses are issued for full four-year terms, automatically expiring four years after the effective date.

### What forms of payment do you accept?

You may pay by check or money order made payable to the Department of State. You may also pay by American Express, MasterCard or Visa, using a credit card authorization form or when applying online. Do not send cash. **Application fees are nonrefundable.** A $20 fee will be charged for any check returned by your bank.

### Child Support Statement

A Child Support Statement is mandatory in New York State (General Obligations Law) regardless of whether or not you have children or any support obligation. **Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's licenses suspended.** The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

## PRIVACY NOTIFICATION

### Do I need to provide my Social Security and federal ID numbers on the application?

Yes, if you have a social security number or Federal ID number, you are required to provide this number. If you do not have a social security number or Federal ID number, please provide a written explanation.

The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to the Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Director of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

## *Appearance Enhancement Business Applicants*

**(§130 of the General Business Law explains New York State's naming devices for businesses.)**

| *If the business is owned by . . .* | *Then you MUST enter…* |
|---|---|
| **ONE INDIVIDUAL**<br>**with no business name**<br>*(Any name other than your own first and last name is considered to be an assumed name — see below)* | the owner's personal name in Applicant Information **and** Business Information |
| **ONE INDIVIDUAL**<br>**with an assumed name**<br>*(In this case, the assumed business name must be filed with the County Clerk in the county in which the business is located. If the business was recently purchased and the same name is to be used, the new owner must file a Certificate as Successor-in-Interest with the County Clerk)* | the owner's personal name in Applicant Information **and** the trade name in Business Information |
| **A PARTNERSHIP**<br>*(In this case, a partnership business certificate must be filed with the County Clerk in the county in which the business is located)* | a general partner's name in Applicant Information **and** the partnership name in Business Information *(the individual named in Applicant Information must be the person who signs the application)* |
| **A CORPORATION**<br>*(In this case, a certificate of incorporation must be filed in the Department of State's Division of Corporations)* | one officer's name in Applicant Information **and** the corporation name in Business Information *(the individual named in Applicant Information must be the person who signs the application)* |
| **A CORPORATION**<br>**with an assumed name**<br>*(In this case, the business must file the assumed name with the Department of State's Division of Corporations)* | one officer's name in Applicant Information **and** the assumed name in Business Information *(the individual named in Applicant Information must be the person who signs the application)* |
| **A LIMITED LIABILITY COMPANY**<br>*(In this case, the articles of organization must be filed in the Department of State's Division of Corporations)* | one officer's name in Applicant Information **an**d the limited liability company name in Business Information *(the individual named in Applicant Information must be the person who signs the application)* |

FOR OFFICE USE ONLY

APPLICATION NUMBER _____

FEE $60

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## Appearance Enhancement Business or Area Renter Application

**Read the Instructions before completing this application. You must answer each question and PRINT responses in ink.**

➡ **I am applying for licensure as (CHECK ONE)** ☐ **New Business** ☐ **Area Renter**

### Applicant Information

| First Name | Last Name | Middle Name | Suffix |
|---|---|---|---|
| | | | |

| Home Address (provide street number and street name) | Suite, Apt., Unit |
|---|---|
| | |

| City | State | Zip+4 | County | Country |
|---|---|---|---|---|
| | | | | |

| Mailing Address (provide PO Box here) | | | | |
|---|---|---|---|---|
| | | | | |
| **City** | **State** | **Zip+4** | **County** | **Country** |
| | | | | |

| E-Mail Address | Social Security Number | Federal Taxpayer ID |
|---|---|---|
| | | |

| Date of Birth | Home Phone | Mobile Phone | Business Phone |
|---|---|---|---|
| | | | |

### Business Information

| Business Name |
|---|
| |

| DBA (Doing Business As) |
|---|
| |

| Business Address (provide street number and street name) | | | | |
|---|---|---|---|---|
| | | | | |
| **City** | **State** | **Zip+4** | **County** | **Country** |
| | | | | |

| Business Mailing Address (provide PO Box here) | | | | |
|---|---|---|---|---|
| | | | | |
| **City** | **State** | **Zip+4** | **County** | **Country** |
| | | | | |

# Appearance Enhancement Business or Area Renter Application

## ALL APPLICANTS (NEW BUSINESS AND AREA RENTER) MUST ANSWER QUESTION 1

1. Do you have a bond or liability insurance, as required by law? ☐ YES ☐ NO
   ➡ at least $25,000 per individual occurrence and $75,000 in the aggregate (proof must be submitted)

**AREA RENTERS SKIP TO QUESTION 11**

## NEW BUSINESS APPLICANTS ONLY MUST ANSWER QUESTIONS 2–5 AND WHICH STATEMENT (6-10) APPLIES

2. How many full time individuals will you employ who provide nail specialty services? (please check one)
   - ☐ Less than two full time individuals who provide nail specialty services
   - ☐ Two to five full time individuals who provide nail specialty services
   - ☐ Six to ten full time individuals who provide nail specialty services
   - ☐ 11 to 25 full time individuals who provide nail specialty services
   - ☐ 26 or more full time individuals who provide nail specialty services

3. Based on the above number of full time individuals who will provide nail specialty services in your business, do you have the adequate amount of liability insurance or Wage Bond as required by law? (proof must be submitted) ☐ YES ☐ NO

4. Which type of license specialties do you offer at your business?
   - ☐ Cosmetology (Styling and cuts, chemicals, coloring, etc)
   - ☐ Esthetics
   - ☐ Nails
   - ☐ Natural Hair Styling
   - ☐ Waxing

5. Which of the below selected specialties constitutes more than 50% of the services provide by your business? (please check one)
   - ☐ Cosmetology (Styling and cuts, chemicals, coloring, etc)
   - ☐ Esthetics
   - ☐ Nails
   - ☐ Natural Hair Styling
   - ☐ Waxing

6. I own this business and the Trade Name Certificate has been filed in the Office of the County Clerk where the business is located. **By signing this application, you are certifying compliance with this requirement.** ☐ YES ☐ NO

7. I am a member of this partnership and the Certificate of Partnership has been filed in the Office of the County Clerk where the business is located. **By signing this application, you are certifying compliance with this requirement.** ☐ YES ☐ NO

8. I am a partner of this limited partnership and the Certificate of Limited Partnership has been filed with the NYS Department of State, Division of Corporations. **By signing this application, you are certifying compliance with this requirement.** ☐ YES ☐ NO

9. a. I am an officer of this corporation and the New York State Certificate of Incorporation has been filed with the NYS Department of State, Division of Corporations. **By signing this application, you are certifying compliance with this requirement.** ☐ YES ☐ NO

   b. I am an officer of this foreign (out of state) corporation and an Application for Authority to do business has been filed with the NYS Department of State, Division of Corporations. **By signing this application, you are certifying compliance with this requirement.** ☐ YES ☐ NO

10. I am a (member) (manager) of this Limited Liability Company, and a copy of the filing receipt has been filed with the NYS Department of State, Division of Corporations. **By signing this application, you are certifying compliance with this requirement.** ☐ YES ☐ NO

## AREA RENTER APPLICANTS ONLY MUST ANSWER QUESTIONS 11 and 12

11. What is your operator *License Unique ID Number? UID # _____

12. What is the *License Unique ID Number of the business in which you will be renting space? UID #_____

**The License Unique ID Number (UID) is found in the upper left corner of the license certificate.*

# Appearance Enhancement Business or Area Renter Application

➡ If you are applying as an **individual** or **sole proprietor**, complete the following items 1 and 3.

➡ If you are applying as a **corporation, partnership** or **limited liability company**, skip item 1 and go directly to item 3.

➡ If you are apply as an **Area Renter**, complete the following items 1, 2 and 3.

## 1. Child Support Statement

**By signing this application,** I certify that as of the date of this application, I am not under an obligation to pay child support **OR** if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

## 2. Area Renter Affirmation — *If you are applying as an area renter, the business owner must complete item 3 below.*

I affirm that I have read and understand the provisions of Article 27 of the General Business Law and the rules and regulations promulgated thereunder (19 NYCRR). I further certify, under the penalties of perjury, that the information given above is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of the license, if issued.

*Area Renter's Signature* _____ *Date* _____

*Print Name in full* _____

## 3. Business Owner Affirmation — *Signature of the business owner is required below if you are either renting an area to someone OR applying for a business license.*

I affirm that I have read and understand the provisions of Article 27 of the General Business Law and the rules and regulations promulgated thereunder (19 NYCRR). I further affirm that Workers' Compensation Insurance/Disability Benefits for all employees, if applicable, has been secured. I further certify, under the penalties of perjury, that the information given above is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of the license, if issued.

**NAIL SPECIALTY PROVIDER AFFIRMATION** – *If you are the business owner and provide nail specialty services, please read the following affirmation carefully.*

In addition to the foregoing, I affirm that I am aware of the ventilation requirements set forth in Section 160.16 which include requirements for exhaust inlets at each manicure and pedicure station.

*Business Owner's Signature* _____ *Date* _____

*Print Name in full* _____

*Business Owner's Telephone Number* _____

*Business Owner's Email Address* _____

**Please remember to include with this application any required explanations or statements along with your application fee (payable to NYS Department of State).**
If you wish to pay by credit card, please visit our website at www.dos.ny.gov to obtain a credit card authorization form to complete and return with this application.
It is important that you notify this division of any changes to your business and email address so you can receive renewal notices and any other notifications pertinent to your license.