New Barber Shop Instructions for Licensure

These instructions should be used when opening a new shop, changing the location of a shop or changing ownership of a shop.

Step 1. Prepare

A. Floor plan must include the entire layout of the shop. It does not have to be professionally prepared, it may be hand drawn using circles and squares as symbols to indicate rooms/equipment, front door/backdoor, bathroom location and shop set-up. Be sure to show where the barber pole or barber pole decal will be located. The floor plan must also state the following:
   * Owner’s name & 2 working phone numbers where you can be contacted
   * Name and address of shop (must be the street address, it cannot be a P.O. Box)
   * If this is a currently licensed shop being purchased enclose a copy of that shop license (if not available note the name and license number of the previous owner on the floor plan)
   * Anticipated Opening Date

B. Copy of owner's license or manager’s current master's license if owner is not a licensee
   (owner does not have to be a licensee).

C. Completed Shop Application

D. Copy of the Business Certificate.

E. Occupancy permit from the city or town (as well as plumbing and/or electrical work forms or the no work needed form enclosed). If business is incorporated submit a copy of the Articles of Incorporation, if partnership a copy of partnership agreement or LLCs.

F. Check or money order for $130.00 made payable to: Commonwealth of Massachusetts. Your application will not be processed until proper payment is received.

Step 2. Mail all requirements from step 1 to above address at Attention: New Shop.
The application will not be processed until all required items are received.

Step 3. Inspection
After the submitted information has been received and approved, the shop-opening investigator will contact the owner to set up an inspection date. Normal processing time is fifteen (15) days. If you miss your inspection appointment your application will be denied and you will have to reapply and submit a new application.

No shop is allowed to operate without a license.
Barber Shop
Helpful Guidelines
(These are not the official rules and regulations. See #20)

ALL BARBER SHOPS SHALL DISPLAY AT THE ENTRANCE (to the barber shop, see # 25) A SIGN AND/OR BARBER POLE, INDICATING IT IS A BARBERSHOP

1. Shop License and all Barber Licenses must be posted (copies of Barber licenses are acceptable)

2. There can only be 3 apprentices to a master barber in each shop

3. Shop should be clean and sanitary (Brooms, mops, and anything used to wash the floor must be put away)

4. There shall be no sleeping quarters in the shops.

5. Shop must have running hot and cold water.

6. Shop must have a bathroom with a working sink.

7. Shop must have a separate working sink for hand washing outside of the bathroom sink.

8. Proper lighting and ventilation is required.

9. The Headrest of each barber chair must be covered with a clean cloth or paper per each client.

10. Towels must be kept in an enclosed area.

11. No SHAVING brushes allowed to be used.

12. Must have at least 3 hairbrushes (must be in an enclosed cabinet).

13. Cannot display or use any hair tonics without a manufacturer label on it.

14. All jars with creams or pomades must be covered unless being used and spatulas must be cleaned for each client.

15. No printed paper can be used to wipe razors (must be clean paper, not newspaper).

16. No soap in cake or stick form can be used.
17. Must sterilize tools after every client (must clean first and then sterilize).

18. Tools must be enclosed after sterilization.

19. All barbers must act in a professional manner.

20. All barbershops should have a copy of the rules and regulations available at all times. If you do not have a copy you can obtain one by calling (617) 727-2834 or you can download a copy at [www.mass.gov/dpl/boards/br](http://www.mass.gov/dpl/boards/br).

21. Neck dusters are allowed in barbershops for use on skin only and not on clothes.

22. Styptic pencils are not allowed (stop the bleeding from a cut). You can use styptic powder only.

23. All Barbers employed at the shop must hold current Massachusetts Barber licenses. A Master Barber must be physically present at all times when the shop is open.

24. For dual shops (Cosmetology/Barber) you must follow the guidelines that are required by both boards. The salon must have 2 current licenses (one for a cosmetology shop and one for the barbershop.)

25. If a cosmetology shop is putting a barbershop in a separate space in its shop, a barber pole may not be placed in the window of the cosmetology shop. However, a barber pole or barber pole decal must be displayed in the section that is licensed as the barbershop.
Barber New Shop Application

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<td>Investigator: ____________________</td>
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Type of Shop applying for:

☐ New Shop (not previously a shop)

☐ Change of Owner (was previously a shop):
  Is previous owner’s license attached?  Yes  No
  If no, list the name and license # of the previous owner:

☐ Change of Address:
  List old address and license number:

Below to be answered and signed by shop owner:

Name of Shop Owner: __________________________________________
  Last  First  Middle

License # of owner or name & license # of manager if owner is not a master barber:

________________________________________

Address of Shop:
__________________________
  No.  Street  PO Box
  City/Town  State  Zip Code

Shop Name: ____________________________

Telephone Number-Day: ________________  Evening: ________________

Location of Shop:  ☐ Store  ☐ Residence  ☐ Office Building  ☐ Mall/Plaza
Indicate whether the shop is:

- [ ] Individually Owned

- [ ] Partnership
  List the partners and attach Partnership Agreement:
  __________________________________________
  __________________________________________
  __________________________________________
  __________________________________________

- [ ] Incorporated (enclose Articles of Incorporation)
  State where the shop is incorporated:
  Note: If shop is incorporated be sure to have three directors sign below and attach the corporate seal and a copy of the Articles of Incorporation.

  What is the name of the Corporation? ________________________________

  List the officers? __________________________________________
  __________________________________________
  __________________________________________
  __________________________________________

How many apprentices are employed? __________________. Attach copies of their licenses.

Do you own any other shops in Massachusetts? Yes: [ ] No: [ ] If yes, please list names and addresses:
______________________________________________________________
______________________________________________________________

➤ Do you hold any other barber license(s)/certification(s) in the United States or any country or foreign jurisdiction?

  Yes: [ ] No: [ ]

  If yes, please attach a certificate of standing from each state or jurisdiction indicating the status of your license, information on any pending actions and/or any relevant disciplinary information.
I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Barbers to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, in accordance with the provisions of Chapter 280, Section 2, Acts of 1934, as amended, I (or we) hereby make application for the approval and inspection of a barber shop as described below; and enclose the required fee of one hundred and thirteen dollars ($130).

**Social Security of Shop Owner and/or F.I.D #:**

Pursuant to M.G.L c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use it to ascertain whether you are in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

__________________________________________  __________________________
Signature of Shop Owner                       Date

__________________________________________  __________________________
Signature of Shop Manager                      Date

**Social Security of Shop Manager and/or F.I.D #:**

Pursuant to M.G.L c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use it to ascertain whether you are in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

__________________________________________  __________________________
Signature of Shop Manager                      Date
No Plumbing or Electrical Work Required Form

DATE: __________________

This is to certify that all electrical and/or plumbing work on these premises complies with the rules and regulations of local and state electrical and plumbing codes. There have been no changes in electrical and/or plumbing. No changes will take place without first notifying the Barber board and proper forms are obtained and completed.

________________________________________________________________________________________

NAME OF SHOP

________________________________________________________________________________________

NAME OF SHOP OWNER

________________________________________________________________________________________

ADDRESS OF SHOP

________________________________________________________________________________________

TELEPHONE NUMBER

________________________________________________________________________________________

SIGNATURE OF SHOP OWNER
This is to certify that I am a **Plumbing Inspector** in the State of Massachusetts, and that the plumbing alterations or installations for


**NAME OF SHOP OWNER**

NO. __________ STREET ______________________________ CITY ____________________
is in accordance with the specifications of the plumbing ordinances of the City or Town of and the State of Massachusetts.


**NAME OF CITY OR TOWN WHERE SHOP IS LOCATED**

**NAME OF PLUMBING CONTRACTOR:** ________________________________

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SIGNED:


**PLUMBING INSPECTOR**

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Electrical Inspection Form

DATE: ______________________

This is to certify that I made such additions and corrections to the electrical wiring and electrical fixtures used for lights, heat, and power in the premises located at:

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CITY: ___________________  STATE: ___________________

and occupies ____________________

NAME OF OWNER OF SHOP: _____________________________

as were necessary to make the same comply with Rules and Regulations of the Board of Fire Prevention Regulations of the Department of Public Safety as adapted pursuant to the Provisions of Section 3L of Chapter 143 of the General Laws (inserted by St. 1950, c617)

NAME OF ELECTRICAL CONTRACTOR: _____________________________

ADDRESS: _____________________________________________

_____________________________________________________

Holder of Master Electrician License. No.________ SIGNATURE____________________________________

Holder of Journeyman Electrician License. No.: _____ SIGNATURE_______________________________

SIGNED: _____________________________________________

_____________________________________________________

ELECTRICAL INSPECTOR LICENSE # EXP. DATE