

The Commonwealth of Massachusetts
Division of Professional Licensure
1000 Washington Street Suite 710
Boston, MA 02118-6100
Board of Registration of Cosmetology and Barbering
www.mass.gov/dpl/boards
617-727-9940

Cosmetology Salon License Type Guidelines

Type 1 – Is for a cosmetology full service salon, which offers hair, skin and nail services. This type of salon must employ a type 1 cosmetologist as a manager.

Type 2 – (Renter) is a single person who rents space in a type 4 salon. To be eligible for this type of license, you must have a manager level license (type 1, type 3 or type 6). The owner of the entire salon can only rent to one person per space (chair, table, room).

Type 3 – Is for a manicuring shop only (must be type 1 or type 3)

Type 4 – (Owner of entire space) is for a person who owns a salon and rents space/chair to other licensees who are independent contractors. All Booth Rental Salons (type 4) must have a single manager level licensee; **no other employees** of the shop owner may practice at this type of salon. See below notes for more information.

Type 5 – Is for an aesthetic salon which can offer services such as facials and waxing. This type of salon must employ a type 6 or type 1 manager.

Booth Rental Notes:

*If you rent out some of your booth space to others (Type 4) **and** you have employees in other booths (Type 1), you must hold both types of licensure and submit 2 applications.

*If you want to rent space in a salon you must have at least a Type 1 (cosmetologist), Type 6 (aesthetician), or Type 3 (manicuring) personal license. Type 2 (operator) and Type 7 (aesthetician) licensees may not rent space in a salon.

*If the Booth Renter's (Type 4) License is not current, then an application for a Booth Shop (Type 2) license will be denied.

*Booth Shop licenses – once you have received your booth shop license, it should be posted at the space you rented at all times.

IMPORTANT INFORMATION FOR ALL SALON APPLICANTS

- **The shop must be completely setup with signage and ready for business in order to pass final inspection for licensing.**
- The shop license is **NOT Transferable**. The shop license only covers the shop at the location/space it was issued to. If you change location (even at the same address), you must submit a new application.
- Some locations may be required to obtain more than one shop license based on services or staffing.
If so, you must submit one application and fee per license required.
*Examples: (1) If you are renting out some of your booth space to others (Type 4) **and** you have employees in other booths (Type 1), you submit one application for a type 4 **and** one application for a type 1.*
(2) If doing manicuring and aesthetics, submit one application for a type 3 and one for a type 5.
- Bathrooms must be within the confines of the salon on the same floor the salon is located. However, if core facilities are on the same floor as the salon and are within 300 feet of the salon, those facilities can be identified on the floor plan and used for purposes of 240 CMR. The salon owner/manager will remain responsible for ensuring those facilities remain safe and sanitary.
- If you alter the floor plan submitted at any time you must submit an expansion/renovation application with the board which can be found on the board's website.
- If you are not choosing to provide all services allowed by your license type you are still required to have all required equipment stated in the rules and regulations section 3:00.
- If you are changing ownership, you can remain open for 30 days while obtaining a new license.
- If you are a new business or changing location, you must remain closed until you are approved for licensure at the final inspection.

Summary of major policies that apply to salon applications:

Dry sterilizers are no longer permitted as a method of sanitation.

Policy No. 06-01

Salons cannot use names incorrectly suggesting the salon provides healing or medical benefits. Names such as "healing", "medical", "med", "clinical" or "wellness" are prohibited.

Policy No. 06-02

Salon names using ethnic, gender, or age specific terms may violate Massachusetts law and may be rejected or delay processing of an application.

Policy No. 06-03 – Prohibited Practices - Revised

Salons are prohibited from providing non-cosmetology services that may endanger public health or safety:

1. Medical services, teeth whitening, use of cutting blades, and other such services may not be provided anywhere within a cosmetology salon. Applications with such services on them shall be denied.
2. Permanent makeup, electrology, tattooing, acupuncture, and tanning machines may be utilized in separate, distinct areas identified on the floor plan.

3. Salons may be located in other businesses if independently owned, operated, and separate from those businesses. Such circumstances must be clearly documented on the application for Board review.
4. Eyelash tinting may now be performed in licensed salons, using products that are not prohibited by the Food and Drug Administration (FDA).

Policy No. 09-02 – Certain New Procedures

Intense Pulsed Light devices must be identified on the floor plan, may be used only by Aestheticians who have been approved for IPL by the Board, and the manufacturer's instructions and documentation showing board-approved training must be on the premises at all times.

Policy No. 2015-02 – Dual Use of Rooms for Cosmetology and Massage Therapy

4. A salon room may include massage therapy IF (a) the room is also licensed as a Massage Therapy facility to the salon license-holder; and (b) any person providing massage is a licensed massage therapist.

Salon Application Check List

Please use this checklist to ensure your application is complete. Incomplete applications will be returned and will delay your opening. You will be contacted by an investigator with an inspection date within 10 business days from the application's approval.

Your application must include:

- **2 copies** of a floor plan which must include the entire layout of the salon (8.5" x 11" Only). The applicant **must** retain a copy of the floor plan on the premises at all times. The floor plan **must** include all the following:
 - *All stations, chairs, manicure tables, aesthetic rooms. For a booth shop, circle the space you are renting.
 - *Additional sinks (cannot be located in the bathroom). Aesthetic and manicuring shops are required to have an additional sink located in a space that is accessible at all times to all areas.
Example: Aesthetic shop with 3 rooms can either have a sink in each room or a minimum of one sink in a common area that is accessible at all times.
 - *Shop sign
 - *Label all rooms whether cosmetology or other, such as medical room, dispensary, lunch room, etc.
 - *Bathrooms
- Original completed application signed by all required parties.
- Money order or check for \$136.00 made payable to: Commonwealth of Massachusetts. ***Application fees are non-refundable.*** All money orders must be **signed** and dated.
- Copy of price list stating all services being provided. Gender Pricing is prohibited.
Example: Cannot state Men's cut \$18, Women's cuts \$25.
- One 2x2 photo of each owner
- Copy of driver's license or photo ID for each owner
- Copy of **manager's** (if not owner) driver's license or photo ID *and* current **cosmetology, aesthetic or manicuring license**
- Copy of all employees' cosmetology licenses (not applicable if applying for a booth rental license unless the owner is not a licensee). For booth shop license, provide a copy of the booth rental license.
- Business Certificate from the city or town where the salon is located.
- An Original completed "plumbing and electrical" work form if work has been done. If no work has been done, the "no work required" form must be completed by the applicant.
- If the business is incorporated, submit a copy of the Articles of Incorporation; if it is a partnership or LLP, a copy of the partnership agreement; for LLCs, submit a copy of the Certificate of Organization.
- If a business is organized or incorporated, submit a copy of a certificate showing foreign registration with the Massachusetts Secretary of State's Office.
- **Incomplete applications will only be held for a maximum of 30 days. After 30 days, the application will be considered abandoned. If you still require the license, you will be required to reapply.**

Corporation – Name of Corporation: _____
Name of Officer signing application: _____ Position held by Officer: _____

Note: If salon owned by a corporation, be sure to have the officer attach the articles of incorporation.

LLC – Name of LLC: _____

Name of Manager/Member signing application: _____

Note: If salon owned by an LLC, be sure to have the member/manager attach the articles of organization.

Social Security Number: _____

Pursuant to 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 your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? **No:** **Yes:** If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of the incident.

Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? **No:** **Yes:** If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of the incident.

Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? **No:** **Yes:** If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of the incident.

Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? **No:** **Yes:** If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of the incident.

Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? **No:** **Yes:** If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of the incident.

Salon owner or manager must notify the Board of Registration of Cosmetology and Barbering, thirty days prior with a new shop application, of any change in ownership or location. Shop licenses are not transferable. The new location cannot conduct business until approval at final inspection.

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 of Cosmetology and Barbering 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, pursuant to G.L. c. 62C, §49A, to the best of my knowledge and belief, I and/or the business entity I represent have filed all state tax returns and paid all state taxes required by law. I further agree that I am responsible for ensuring that the actions of the above referenced salon will adhere to all applicable Massachusetts laws and regulations pertaining to the practice of cosmetology.

Signature of Applicant

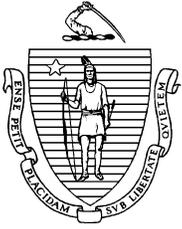
Date

Signature of Applicant

Date

Signature of Manager & License number

Date



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Plumbing Inspection Form

INSTRUCTIONS: This form should be completed only if plumbing work has been done in the salon after purchase.

Date: _____

This is to certify that I am a **Plumbing** Inspector for _____, and that the plumbing alterations or installations for :

Name of city or town

Name of Salon Applicant

Street Number

Street Name

City

State

is in accordance with the specifications of the state plumbing code found at 248 CMR,

Name of Plumbing Contractor _____

License # _____

Exp. Date _____

Address _____

No. Street

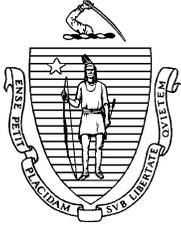
City/Town

Signed: _____

Plumbing Inspector

License #

Exp. Date



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Electrical Inspection Form

INSTRUCTIONS: This form should be completed only if electrical work has been done in the salon after purchase.

Date: _____

This is to certify that I am an **Electrical** Inspector for _____, and that the electrical alterations or installations for:

Name of city or town

Name of Salon Applicant

Street Number

Street Name

City

State

is in accordance with the specifications of the state electrical code found at 527 CMR,

Name of City or Town Where Shop is Located

Name of Electrical Contractor _____

License # _____

Exp. Date _____

Address _____

No. Street

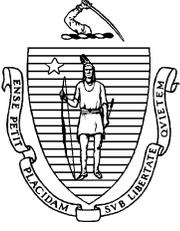
City/Town

Signed: _____

Electrical Inspector

License #

Exp. Date



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INSTRUCTIONS: This form should be completed only if no plumbing and/or no electrical work has been done in the salon after purchase.

No Work Required Form

Circle all that apply:

No Plumbing work done

No Electrical work done

Date: _____

This is to certify that all electrical and/or plumbing work on these premises complies with the rules and regulations of state electrical and plumbing codes. There have been no changes in the electrical or plumbing systems. No changes will take place unless I first notify the Board of Registration of Cosmetology and Barbering and obtain and complete the proper forms.

NAME OF SALON

NAME OF SALON APPLICANT

ADDRESS OF SALON

TELEPHONE NUMBER

SIGNATURE OF SALON APPLICANT

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

