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

Mobile Manicure Business Registration Form

Business Name: _____

Business Telephone Number: _____ **Business E-mail Address**: _____

Business Structure:

- ○ **Individually Owned**
- ○ **Partnership** or LLP - List the partners: _____
- ○ **Corporation** – Name of Corporation: _____

  Name and Title of Officer signing application: _____
- ○ **LLC** – Name of LLC: _____

  Name of Manager/Member signing application: _____

Business Address where records are maintained: _____

Street P.O. Box

_____

City/Town State Zip Code

Name and Personal Address of Owner or Person Responsible for Mobile Services business, or if the person responsible is an entity, the name and address of a natural person who is a partner, shareholder, officer, member, manager, or proprietor:

_____

Name Street P.O. Box

_____

City/Town State Zip Code

All Mobile Services must be provided by a licensed individual. Provide Name(s) and license numbers of Licensees who will be providing Mobile Services:

_____

Full name, phone number and e-mail address of natural person who shall upon request provide the Board and its investigators with current, real-time information including addresses and appointment times at which Mobile Services are being or will be provided:

Name	Phone Number	E-mail address

The person responsible for the Mobile Business must notify the Board of Registration of Cosmetology and Barbering within thirty days of any change in ownership or business address for the mobile business and submit a new application for registration. <u>Registrations of Mobile Services businesses are not transferable</u>.

Name, Signature and Telephone Number of Person Completing This Form :

Signature

Print Name and Title Its Authorized Representative	Telephone Number	Date