



Commonwealth of Massachusetts
Division of Occupational Licensure
Board of Registration of Cosmetology and Barbering
1000 Washington Street, Suite 710, Boston, MA 02118
<https://www.mass.gov/orgs/board-of-registration-of-cosmetology-and-barbering>
617-701-8792

Important Information for All Barber Shop Applicants

- The barber shop must be completely set up with signage and ready for business to pass final inspection for licensing. You will be contacted by an investigator with an inspection date.
- A barber shop license is NOT Transferable. A barber shop license only covers the barber shop at the location or space to which it was issued. If you change locations or move to a different space, even at the same address, you must submit a new application.
- If the layout of your barber shop changes after you are licensed, you must submit an expansion/renovation application with the board.
- Barber shop owners must immediately notify the board if they plan to sell an operating barber shop, and the new owners must file a new barber shop application. After a change in ownership, the barber shop may remain open for 30 days before the new owners must obtain a new license.
- If your barber shop is a new business or is changing locations, you must remain closed until you are approved for a license after inspection.
- See the Board's website at <https://www.mass.gov/lists/statutes-and-regulations-cosmetology-and-barbering> for the Board's rules and regulations about operating a barber shop.
- Every barber shop owner must contact the town where the barber shop is located to arrange any required inspections and obtain all required town permits and certificates. Every barber shop owner must pass all required town inspections and obtain all required town permits and certificates before applying for a barber shop license.
- In addition to the sink located in the bathroom, every barber shop must have one non-shampoo bowl sink. Please make sure this sink is labeled on the floorplan.

Barber Shop Application Checklist

Your application will not be complete without all items on this checklist. Incomplete applications will only be held for a maximum of 90 days, after which you will be required to reapply.

Your complete, original signed application must be accompanied by:

- A check or money order for \$130 made payable to the Commonwealth of Massachusetts. All money orders must be signed and dated. **Application fees are non-refundable.**
- A floor plan which must include the entire layout of the barber shop (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 of the following:
 - All rooms, equipment, chairs, and doors. Each room must be labeled
 - Additional sinks (cannot be located in the bathroom). Barber shops must have at least one non-shampoo bowl sink with hot and cold running water in addition to a bathroom sink. Your floorplan must clearly indicate the additional non-shampoo bowl sink. **Shop that do not have an additional non-shampoo bowl sink with hot and cold running water will not pass inspection.**
 - Shop sign
 - The location of the barber pole or decal
 - Bathrooms
- One 2" x 2" photo of each owner / partner
- Copy of the driver's license or photo ID for each owner, and a copy of the barber license of a person who will be working at the barber shop. This person may also be the owner.
- A notarized Criminal Offender Record Information (CORI) Acknowledgment Form for each owner. **This form must be notarized or your application will be incomplete.**
- Business Certificate from the city or town where the shop 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.
- 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.
- Price List (Gender Pricing is Prohibited)

Location of Shop:

- Store Home Office Building Mall/Plaza

Business Structure of Shop (check one):

- Individually Owned
 Partnership or LLP

List the partners: _____

Note: All partners must sign the application, individually answer all background questions and submit their own notarized CORI Form. The partnership must designate one partner as the applicant whose name will appear on the license.

A partnership agreement signed by all partners must be submitted with the application.

If any partner leaves the partnership, then the partnership is considered dissolved and the shop license is invalid. The new ownership structure must apply for a new shop license.

- Corporation

Name of Corporation: _____

Note: If the shop is owned by a corporation, an officer of the corporation must sign the application.

- LLC

Name of LLC: _____

Note: If the shop is owned by an LLC, a member or manager must sign the application.

Background Questions (Required for All Applicants)

Name of Applicant: _____

Social Security Number (REQUIRED): _____

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.

Note: If the ownership structure is a partnership, each partner must answer these background questions on a separate copy of this page and submit their own notarized CORI Form.

1. Has any disciplinary action been taken against you by a licensing board in any jurisdiction?

Yes: **No:**

If yes, a notarized letter must be submitted with this application. The letter should contain an explanation and description of the incident.

2. Do you hold or have you held a professional license in any jurisdiction?

Yes: **No:**

If your license is with the Board, please list your license number: _____

For other licenses, please contact the jurisdiction's licensing authority and arrange for that authority to send a certificate of standing directly to the Board indicating the status of your license, information on any pending actions, and any disciplinary information.

For questions 3-6, if you answer yes, you must submit a notarized letter explaining the incident.

3. Are you the subject of pending disciplinary action by a licensing board in any jurisdiction?

Yes: **No:**

4. Have you ever voluntarily surrendered a professional license to a licensing board in any jurisdiction?

Yes: **No:**

5. Have you ever applied for and been denied a professional license in any jurisdiction?

Yes: **No:**

6. Have you ever been convicted of a felony or misdemeanor in any jurisdiction?

Yes: **No:**

Certification

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 shop will adhere to all applicable Massachusetts laws and regulations pertaining to the practice of barbering.

I certify that I have obtained all required local permits and certificates to operate a barber shop and the barber shop has passed all required local inspections.

If your business is a partnership, all partners must sign.

If your business is incorporated or otherwise organized, only a member, manager, or officer of the organization who is authorized to sign on behalf of the business may sign below.

Signature of Applicant

Date

Print Name

Position (if applicable)

Signature of Applicant

Date

Print Name

Position (if applicable)

Signature of Applicant

Date

Print Name

Position (if applicable)



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Plumbing Inspection Form

INSTRUCTIONS: This form should be completed only if plumbing work has been done in the shop 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 Shop Applicant

Street Number

Street Name

City

State

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

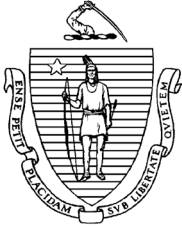
Name of Plumbing Contractor _____

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 shop 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 Shop 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

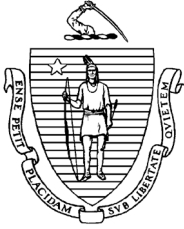
City/Town

Signed: _____

Electrical Inspector

License #

Exp. D



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INSTRUCTIONS: This form should be completed only if no plumbing and/or no electrical work has been done in the shop 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 SHOP

NAME OF SHOP APPLICANT

ADDRESS OF SHOP

TELEPHONE NUMBER

SIGNATURE OF SHOP APPLICANT

**COMMONWEALTH OF MASSACHUSETTS
1000 Washington Street, Suite 710
Boston, MA 02118-6100**

**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:

I understand that the Division of Professional Licensure may conduct a subsequent CORI check within one year of the date this Form was signed by me.

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check, both within one year of the date of this Form, 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.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

* Social Security Number: _____ - _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DPL Offices, Section A must be completed. Otherwise, Section B must be completed.

SECTION A: VERIFICATION BY DPL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:¹

- Passport State-issued driver's license Military identification State-issued identification card

VERIFIED BY: _____
Name of Verifying DPL Employee (Please Print)

Signature of Verifying DPL Employee Date

SECTION B: VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

- Passport State-issued driver's license Military identification State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public: Notary Commission Expires On

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).