

CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

JAY ASH
SECRETARY OF HOUSING AND
ECONOMIC DEVELOPMENT



JOHN C. CHAPMAN
UNDERSECRETARY OF
CONSUMER AFFAIRS AND
BUSINESS REGULATION

CHARLES BORSTEL
DIRECTOR, DIVISION OF
PROFESSIONAL LICENSURE

**Commonwealth of Massachusetts
Division of Professional Licensure
BOARD OF REGISTRATION OF
COSMETOLOGY AND BARBERING**

1000 Washington Street • Boston • Massachusetts • 02118

New Barber Shop Instructions for Licensure

This process applies to new shops, shops that are moving, and for changes in ownership.

You must submit the following documents with your application. Mail your application and supporting materials to the address above, Attn: New Shop. No shop may open without approval.

- A 2" X 2" passport-style photo of the shop owner (the person who will hold the shop license)
- A driver's license or government-issued photo ID for the shop owner
- A driver's license or government-issued photo ID for the manager (master barber) if different from the shop owner
- A floor plan which includes the entire layout of the shop. The plan does not have to be professionally prepared; it may be hand drawn using circles and squares as symbols to indicate rooms and equipment, the front door and back door, bathroom locations, and the overall set-up of the shop. The plan must contain the location of a barber pole or barber pole decal. The floor plan must also state the following:
 - Owner's name & 2 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
- Business Certificate from the city or town where the shop is located.
- A completed Plumbing Inspection Form or Electrical Inspection Form if plumbing or electrical work has been done on the premises, or a No Plumbing or Electrical Work Required Form if no plumbing or electrical work has been done.
- If the business is incorporated, submit a copy of the Articles of Incorporation; if a partnership or LLP, a copy of partnership agreement; for LLCs, submit a copy of Certificate of Organization. If the business is organized or incorporated, submit a copy of a certificate showing foreign registration with the Massachusetts Secretary of State's Office.
- If you hold or have held another license or certification in the United States or another country or foreign jurisdiction, please contact the relevant licensing authority and arrange for that authority to send a certificate of standing to the Board directly indicating the status of your license, information on any pending actions, and any disciplinary information.
- All applicants must submit a notarized Criminal Offender Record Information (CORI) Acknowledgement Form.
- A check or money order for **\$130.00** made payable to: **Commonwealth of Massachusetts**.
- After the Board receives your application and materials, an investigator will contact you regarding an inspection. Normal processing time is fifteen (15) days. If you miss your scheduled inspection, you must submit a new application with payment.



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Helpful Tips for Barbershops¹

1. Licenses must be posted (copies 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 stored after use)
4. No sleeping quarters in a shop
5. There must be running hot and cold water
6. Must have a bathroom with a sink
7. Must have a separate sink for hand washing outside of the bathroom sink
8. Must have proper lighting and ventilation
9. The headrest of a barber chair must be covered with a fresh clean cloth or paper before servicing each new client
10. Towels must be kept in an enclosed area
11. No shaving brushes are permitted.
12. Must have at least 3 hairbrushes stored in an enclosed cabinet
13. Cannot display or use any hair tonics without a manufacturer label
14. All jars with creams or pomades must be covered unless being used, and spatulas must be cleaned for each client.

¹ These are not the official regulations, which can be found at <http://www.mass.gov/ocabr/licensee/dpl-boards/hd/regulations/rules-and-regs/cmr-232-201.html>.



15. No paper with print can be used to wipe razors (must be clean paper, not newspaper).
16. No cake or stick soap may be used.
17. Must sterilize tools after every client (must clean the tools first and then sterilize them).
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 by downloading a copy at <http://www.mass.gov/ocabr/licensee/dpl-boards/hd/regulations/>.
21. Neck dusters are allowed in barbershops for use on skin only and not on clothes.
22. Styptic pencils are not allowed to stop bleeding from a cut. You may use styptic powder only.
23. Barbershops may only employ barbers licensed in Massachusetts.
24. All barber shops must display a sign or barber pole at the entrance to the barber shop indicating that it is a barbershop.

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Barber Shop Application

Board Use Only	
Investigator: _____	Date of Inspection: _____
Received By: _____	License Number: _____

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 number 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:** _____



Social Security 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 tax laws of the Commonwealth.

Location of Shop: ☐ Store ☐ Residence ☐ Office Building

Is Shop:

☐ Individually Owned

☐ Owned by a Partnership

List partners and attach Partnership Agreement: _____

Note: If shop is owned by a partnership, attach the Partnership Agreement.

☐ Incorporated

State where the shop is incorporated: _____

What is the name of the Corporation? _____

Who are the officers? _____

Note: If shop is incorporated, have three directors sign below and attach the corporate seal and a copy of the Articles of Incorporation.

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

Do you own any other shops in Massachusetts? ☐ No. ☐ Yes. If yes, please list name and address:

Please answer all of the questions below. If you answer yes to any of the questions, you must include a signed statement containing an explanation and description of the incident(s) with your application.

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

No: ☐ Yes: ☐

If yes, please contact the relevant licensing authority and arrange for that authority to send a certificate of standing to the Board directly indicating the status of your license, information on any pending actions, and any disciplinary information.

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

No: ☐ Yes: ☐

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

No: ☐ Yes: ☐

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

No: ☐ Yes: ☐

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

No: ☐ Yes: ☐

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

No: ☐

Yes: ☐

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, 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).

Signature of Shop Owner

Date

Signature of Shop Manager

Date

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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 Board and completing the proper forms.

NAME OF SHOP

NAME OF SHOP OWNER

ADDRESS OF SHOP

TELEPHONE NUMBER

SIGNATURE OF SHOP OWNER



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New Barbershop
Plumbing Inspection Form

DATE: _____

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 _____

is in accordance with the specifications of the plumbing ordinances of the City or Town and the State of Massachusetts.

NAME OF CITY OR TOWN WHERE SHOP IS LOCATED

NAME OF PLUMBING CONTRACTOR: _____

LICENSE # _____

EXP. DATE _____

ADDRESS _____

SIGNED:

PLUMBING INSPECTOR

LICENSE #

EXP. DATE



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New Barber Shop
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:

STREET NUMBER	STREET NAME

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, c. 617)

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



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.

SUBJECT INFORMATION: (An 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

*Last Six Digits of Your Social Security Number: _____ - _____

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

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

Current and Former Addresses:

Number Name City/Town State Zip

Number Name City/Town State Zip

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 (Please Print) 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 the other forms of identification documentation as determined by DCJIS. 803 CMR 2.09 (2).