



The Commonwealth of Massachusetts
Division of Occupational Licensure
1 Federal Street, Suite 0600
Boston, MA 02110-2012
Board of Registration of Cosmetology and Barbering
www.mass.gov/dpl/boards
617-727-9940

BOARD USE ONLY

Board: _____
License #: _____
Type: _____
Cash #: _____
Cash Date: _____

Please attach recent

2" X 2"

passport photograph here

Mobile Business Registration

The Board's mobile cosmetology and barbering policy allows mobile services at locations chosen by the client, such as a client's home, office, etc., and services in a mobile vehicle equipped as a shop. Under this policy, "all persons and businesses that offer Mobile Services shall register." This means that each of the following must be registered and approved before offering mobile services: (1) a licensee offering mobile services, whether on location or in a vehicle (an individual); (2) a business with more than one licensee providing mobile services (a mobile business); and (3) a vehicle equipped as a shop (a mobile unit). Each licensee, business, and unit must register using a different form. An owner of a business or unit does not need to be a licensee, but all individuals who provide mobile services must be licensed to provide those services. **This is a registration form ONLY for a mobile business.**

To be complete, this application must include: (1) a passport photograph of the applicant; (2) a copy of a driver's license or state identification card for each owner; (3) a copy of the professional license(s) for each owner (if applicable); and (4) a signed Criminal Offender Record Information (CORI) form for each owner, a copy of which is attached.

After the Board receives and approves your registration, you will receive an approval letter. You are not authorized to provide mobile services until you receive that approval letter.

Registration Information

Business Owner: _____
Last First Middle

Social Security or Federal Tax Identification Number: _____

Pursuant to G.L. c. 62C, s. 47A, the Division of Occupational 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.

License Number(s) (if applicable): _____

Business Name: _____

Type(s) of Service(s) Offered (Check All That Apply):

☐ Cosmetology ☐ Manicuring ☐ Aesthetics ☐ Barbering

Business Telephone Number: _____

Business Email Address: _____

Business Website: _____

Permanent Street Address in Massachusetts Where Records Will Be Maintained (Not a P.O. Box):

Street Address

City

State

Zip

Business Type:

☐ Individually Owned

☐ Partnership or LLP

Names of Partners: _____

If the business is owned by a partnership, please have all partners sign below.

☐ **Corporation** – Name of Corporation: _____

If the business is a corporation, an individual with signing authority must sign below.

☐ **LLC** – Name of LLC: _____

If the business is a limited liability company, an individual with signing authority must sign below.

Employer Identification Number: _____

A mobile business owner must notify the Board of Registration of Cosmetology and Barbering at least thirty days before any change in the mobile business's ownership.

Background Questions

1. Do you hold or have you held a professional license in any jurisdiction? **Yes:** ☐ **No:** ☐

If your license is with the Board of Cosmetology and Barbering, 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.

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

Yes: ☐ **No:** ☐

If yes, please state details. (Use a separate sheet if necessary.):

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

Yes: ☐ **No:** ☐

If yes, please state details. (Use a separate sheet if necessary.):

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

Yes: ☐ **No:** ☐

If yes, please state details. (Use a separate sheet if necessary.):

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

Yes: ☐ **No:** ☐

If yes, please state details. (Use a separate sheet if necessary.):

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

Yes: ☐ **No:** ☐

If yes, please state details. (Use a separate sheet if necessary.)

Attestation

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for registration 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 or registration issued to me in accordance with Massachusetts Law. I further attest that, pursuant to Massachusetts General Laws 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 business will adhere to all applicable Massachusetts laws and regulations pertaining to the practice of cosmetology or barbering.

If your business is a partnership, all partners must sign, and in signing, agree that the named applicant may represent all partners with regard to any Board business.

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)

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Occupational Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Occupational 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 Occupational 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 Occupational Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Occupational 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 Occupational 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: DOL 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 DOL 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 DOL 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 DOL Employee (Please Print)

Signature of Verifying DOL 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).