



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/cosmetology>
617-701-8792

MOBILE BUSINESS REGISTRATION
APPLICATION CHECKLIST

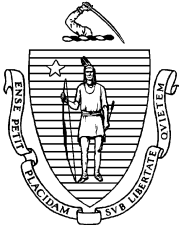
Your application must include:

- One 2" x 2" photo
- A copy of your driver's license or state identification card for each owner
- A copy of your Cosmetologist / Aesthetician / Barber / Manicurist license (if applicable)
- A notarized Division of Occupational Licensure Criminal Offender Record Information (CORI) Acknowledgment Form for each owner.

**APPLICATIONS WITHOUT ALL OF THE ABOVE ITEMS WILL BE
CONSIDERED INCOMPLETE**

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.**

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.



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Mobile Business Registration Application

BOARD USE ONLY

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

Please attach recent

2" X 2"

passport photograph here

Mobile Business Type:

☐ Cosmetology ☐ Manicuring ☐ Aesthetics ☐ Barbering

1. Applicant Name: _____
Last First Middle

2. Maiden Name: _____

3. Date of Birth: _____

4. Business Address: _____
No. Street Apt. #

City/Town State Zip Code

5. Business Contact Phone Number: _____

6. Business E-mail address: _____

7. Business Website: _____

8. Social Security Number (**Mandatory**): _____

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.

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

If the business is a partnership, each partner must complete a copy of this page and sign the certification page. For corporations, a designated officer of the corporation must answer these questions and sign the certification page. For LLCs, a manager or member of the LLC must answer these questions and sign the certification page.

Name of Partner / Owner: _____

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.

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)

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

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:

I understand that the Division of Occupational Licensure may conduct a subsequent CORI check within one year of the date this Form was signed by me. I understand that if my licensure is not completed within one year from the date of this authorization, I will be required to submit a new authorization form prior to licensure.

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

*Last Name	*First Name	Middle Name	Suffix
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*Maiden Name (or other name(s) by which you have been known)

*Date of Birth	Place of Birth
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* 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
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Street Number & Name	City/Town	State	Zip
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IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DOL Offices, Section A must be completed. Otherwise, Section B must be completed.

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

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).