

# Salon Renovation Application Checklist

Please use this checklist to ensure that your salon renovation application is complete. Incomplete applications will only be held for a maximum of 30 days, after which you will be required to reapply. **This application should be submitted only by existing salon-license holders after salon renovations are finished.** If your salon has a new address or a new owner, then you must apply for a new salon license.

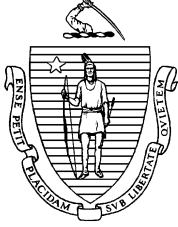
**You must obtain all required town permits and certificates and pass all required town inspections before you apply for a salon renovation.**

Your complete, original signed application must be accompanied by:

- A floor plan which must include the entire layout of the salon (8.5” x 11” only) as it appears **after the renovation**. 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 stations, chairs, manicure tables, and aesthetic rooms.
  - Additional sinks (cannot be located in the bathroom). Aesthetic and manicuring shops are required to have an additional sink located in a space that is accessible at all times to all areas. For example, an aesthetic shop with three rooms can either have a sink in each room or a minimum of one sink in a common area that is accessible at all times, i.e., not behind a closed door.
  - Shop sign
  - Each room must be labeled
  - Bathrooms
- A floor plan which must include the entire layout of the salon (8.5” x 11” only) as it appeared **before the renovation**.
- One 2” x 2” photo of each owner
- Copy of the driver’s license or photo ID for each owner, and a copy of the cosmetology, aesthetics, or manicuring shop license.
- 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.
- Price list of all services offered. Gender pricing is prohibited.

No fee is required for a renovation application.

After your renovation application is approved, you will be contacted by an investigator for an inspection of your salon. Your current license will remain in effect after renovation has been approved by the investigator, and you will not be issued a new license card.



**Commonwealth of Massachusetts  
Division of Professional 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>  
Phone: 617-727-9940 Email: cosmetologyandbarberingboard@mass.gov

| BOARD USE ONLY            |                                    |
|---------------------------|------------------------------------|
| Investigator: _____       |                                    |
| Date of Inspection: _____ | Please attach one recent<br>2"X 2" |
| Received By: _____        |                                    |
| License Number: _____     | passport photograph here           |
| Type Class: _____         |                                    |

## Cosmetology Salon Renovation Application

**Type of Shop (check one):**

- Type 1 - Cosmetology (full service salon)
- Type 3 - Manicuring Only
- Type 5 - Aesthetics Only

### Applicant Information

**Name of Applicant:** \_\_\_\_\_  
Last
First
Middle

**The applicant must be the person whose name is on the salon license.**

**Name, License Number, and License Expiration Date on the Cosmetology, Aesthetics, or Manicuring Salon License:**

\_\_\_\_\_

**Salon Address:** \_\_\_\_\_  
No.
Street
P.O. Box

\_\_\_\_\_

City/Town
Zip Code

**Salon Name:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Location of Shop:**  Store  Home  Office Building  Mall/Plaza

## 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 salon will adhere to all applicable Massachusetts laws and regulations pertaining to the practice of cosmetology.

I certify that I have obtained all required local permits and certificates to operate a salon and the salon 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

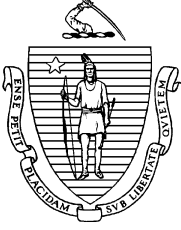
\_\_\_\_\_  
Position (if applicable)

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position (if applicable)



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**Plumbing Inspection Form**

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**INSTRUCTIONS:** This form should be completed only if plumbing work has been done in the salon 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 Salon Applicant*

\_\_\_\_\_  
*Street Number*

\_\_\_\_\_  
*Street Name*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

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

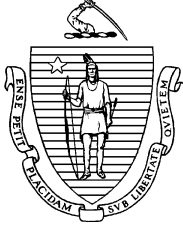
Name of Plumbing Contractor \_\_\_\_\_

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 salon 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 Salon Applicant*

\_\_\_\_\_  
*Street Number*

\_\_\_\_\_  
*Street Name*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

are in accordance with the specifications of the state electrical code found at 527 CMR,

\_\_\_\_\_  
*Name of City or Town Where Shop is Located*

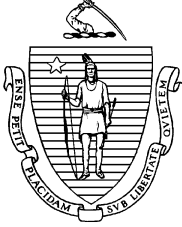
Name of Electrical Contractor \_\_\_\_\_

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 salon 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.**

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**NAME OF SALON**

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**NAME OF SALON APPLICANT**

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**ADDRESS OF SALON**

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**TELEPHONE NUMBER**

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**SIGNATURE OF SALON APPLICANT**