Cosmetology Salon License Type Guidelines

**Type 1 Cosmetology Salon:** A full-service cosmetology salon that may offer hair, skin, and nail services.

**Type 3 Manicuring Salon:** A salon for manicuring only. This type of salon must employ a cosmetologist or a manicurist.

**Type 5 Aesthetics Salon:** An aesthetics salon which can offer services such as facials and waxing. This type of salon must employ an aesthetician or a cosmetologist.

The Board no longer issues or requires booth renter or booth shop licenses.

**Important Information for All Salon Applicants**

- The salon 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 salon license is NOT Transferable. A salon license only covers the salon 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.

- You may need to apply for more than one salon license based on the services you offer or the staff at your salon. For example, if you do both manicuring and aesthetics in your salon, then you would submit one application for a Type 3 manicuring salon and one application for a Type 5 aesthetics salon. You do not need more than one license if you are applying for a Type 1 cosmetology salon.

- Bathrooms must be within the confines of the salon or conveniently adjacent thereto. If facilities are not in the salon, the salon owner will remain responsible for ensuring that those facilities remain safe and sanitary.

- If the layout of your salon changes after you are licensed, you must submit an expansion/renovation application with the board.

- Salon owners must immediately notify the board if they plan to sell an operating salon, and the new owners must file a new salon application. After a change in ownership, the salon may remain open for 30 days before the new owners must obtain a new license.
• If your salon is a new business or is changing locations, you must remain closed until you are approved for a license after inspection.

• Salon names cannot suggest healing or medical benefits. Names such as “healing”, “medical”, “med”, “clinical” or “wellness” are prohibited.

• Salon names using ethnic, gender, or age specific terms may violate Massachusetts law and may be rejected or delay processing of an application.

• See the board’s website at https://www.mass.gov/lists/statutes-and-regulations-cosmetology-and-barbering for the board’s rules and regulations and important salon policies, including policies on practices outside the scope of licensure, intense pulsed light (IPL) devices, and the dual use of rooms for cosmetology and massage therapy.

• Gender pricing is prohibited. You may not charge a different price for men and women for the same service.

• There cannot be multiple Type-1 Cosmetology Salons within the same space.
Salon Application Checklist

Your application will not be complete without all items on this checklist. Incomplete applications will only be held for a maximum of 30 days, after which you will be required to reapply.

Your complete, original signed application must be accompanied by:

☐ A check or money order for $136 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 salon (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:

  o All stations, chairs, manicure tables, and aesthetic rooms. Each room must be labeled.

  o Additional sinks (cannot be located in the bathroom or be a shampoo bowl). All 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. In full service salons, there must be an additional sink that is not a shampoo bowl.

  o Shop sign

  o 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 cosmetology, aesthetics, or manicuring license of a person who will be working at the salon. 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 of all services offered. Gender pricing is prohibited.
Cosmetology Shop Application

Include a check or money order for $136 payable to the Commonwealth of Massachusetts.

Reason for applying (check one):

- [ ] New Shop (Opening date: _________)  - [ ] Change of Salon Type  - [ ] Additional License Type

Type of Shop applying for (check only one):

Note: You must submit an additional application if you are applying for more than one salon type.

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

- [ ] Change of Owner? (Circle):  Yes  No

- [ ] Change of Location? (Circle):  Yes  No  Previous location: ____________________________

Name of Applicant: __________________________________________  Last  First  Middle

Name, License Number, and License Expiration Date of a Cosmetologist, Aesthetician, or Manicurist Who Will Work at the Salon (May Also be Owner):

________________________________________

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

**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 salon license is invalid. The new ownership structure must apply for a new salon license.*

☐ Corporation

Name of Corporation:____________________________________________________________

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

A copy of the Articles of Incorporation must be submitted with the application.

☐ LLC

Name of LLC:____________________________________________________________

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

A copy of the Certificate of Organization must be submitted with the application.
Background Questions

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.

Name of Partner: ______________________________________________________________

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.

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 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.

<table>
<thead>
<tr>
<th>Signature of Applicant</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Position (if applicable)</td>
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</tbody>
</table>

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<tbody>
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<td>Print Name</td>
<td>Position (if applicable)</td>
</tr>
</tbody>
</table>
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 __________________________
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 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
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.

NAME OF SALON

NAME OF SALON APPLICANT

ADDRESS OF SALON

TELEPHONE NUMBER

SIGNATURE OF SALON APPLICANT
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)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
</table>

*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:

<table>
<thead>
<tr>
<th>Number</th>
<th>Name</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
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</table>

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:

- 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:

- 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).