



MOBILE UNIT APPLICATION RESPONSIBILITIES/REQUIREMENTS

Mobile Unit Application Requirements:

Please call or email the Board of Barbering and Cosmetology (Board) at barbercosmo@dca.ca.gov if you have any questions about these requirements.

- A signed completed Application for License to Operate a Mobile Unit with a check or money order made payable to the Board of Barbering and Cosmetology mailed to P.O. Box 944226, Sacramento, CA 94244 for \$150.00.
- Affidavits completed and attached for all owners of the business (each individual must have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)).
- Include with each Affidavit a copy of a current valid government issued photographic identification (ID). Acceptable forms of identification are: driver's license, state ID card, passport ID card, or military ID card.
- Attach a detailed floor plan showing the location of doors, windows, restrooms, facilities, sinks, lift or ramps, ventilation, equipment, and dimension of the mobile unit (must be self-contained, self-supporting, enclosed, and at least 24 feet in length).
- Attach proof that you are the person/company that either owns or leases the mobile unit and shop equipment.
- If the applicant is a corporation, limited liability company (LLC), or a partnership, attach a copy of your Employer Identification Number (EIN) certificate from the Internal Revenue Service (IRS).
- Attach copies of applicable city and county licenses or permits to provide the mobile barbering, cosmetology, or electrolysis services in each city or county of operation and the territory where the services will be offered.
- Attach proof of compliance with applicable city, county, and state plumbing, electrical, and fire laws (if applicable).
- Attach a copy of a valid California driver's license issued to an officer or employee responsible for driving the mobile unit.
- A permanent base address from which the mobile unit shall operate.
- Attach proof of vehicle insurance as required by California Vehicle Code section 34630.

Prior to receiving an establishment license all outstanding fines must be paid by all owners.

Owner Responsibilities:

- The owner(s) of a mobile unit and all operators shall be responsible for implementing and maintaining the Board's laws and regulations the Board's laws and regulations can be found on the Board's website at www.barbercosmo.ca.gov under "Laws & Regs".
- All mobile units that provide barbering, cosmetology (including manicurist and estheticians), or electrolysis services are subject to inspections by the Board. If violations are found, both the owner(s) and all operators may be issued a citation and assessed an administrative fine ranging from \$25 to \$1,000 per violation.
- All operators performing barbering, cosmetology, or electrolysis services shall have a current license that is displayed at their primary work station. **Note:** The Board recommends that owners verify the license of each individual prior to employment. License verification can be done online at www.breeze.ca.gov.

Owner Responsibilities - continued:

- A person licensed by the Board (except an apprentice) shall be in charge of the mobile unit at all times.
- No services shall be performed while the mobile unit is in motion.
- No person having charge of a mobile unit, whether as an owner or an employee, shall permit any room, or part thereof, in which any occupation regulated under this chapter is conducted or practiced, to be used for residential purposes or for any other purpose that would tend to make the unit unsanitary, unhealthy, or unsafe, or endanger the health and safety of the consuming public.
- The geographical boundaries within which the mobile unit is licensed to operate shall include only the cities and counties within which the mobile unit has permits to provide services, and shall extend no further than a 50 mile radius from the permanent base address from which the mobile unit operates.
- The owner(s) of a mobile unit shall be responsible for adherence to all local, state and federal laws and regulations regarding the operation of vehicles to be used as a mobile unit.
- An itinerary showing dates, locations, and times of service shall be made available, upon request, to an authorized representative of the Board.

Rules and Regulations:

- Please review the Board's laws and regulations to ensure that your mobile unit is in compliance with the law. The Board laws and regulations can be found on the Board's website at www.barbercosmo.ca.gov under "Laws & Regs".

Mobile Unit Requirements:

- A mobile unit must be self-contained, self-supporting, enclosed mobile unit that is at least 24 feet in length.
- A self-contained, potable water supply. The potable water tanks shall be not less than 100 gallons, and the holding tanks shall be of adequate capacity. In the event of depletion of potable water, operation shall cease until the supply is replenished.
- Continuous, on-demand hot water tanks which shall be not less than six-gallon capacity.
- A self-contained, recirculating, flush chemical toilet with holding tank.
- A covered galvanized, stainless steel, or other noncorrosive metal container for purposes of depositing hair clippings, refuse, and other waste materials.
- A split-lead generator with a remote starter, muffler, and a vent to the outside.
- A sealed combustible heater with an outside vent.
- All storage cabinet doors shall have safety catches.
- All equipment which is not stored in storage cabinets shall be securely anchored to the mobile unit.
- A ramp or lift shall be provided for access to the mobile unit if providing services for disabled individuals.

Inspection:

- After you receive initial approval from the Board and the mobile unit is ready to be inspected, please contact the Board by phone at (916) 574-7570 or email at barbercosmo@dca.ca.gov to schedule an appointment for an inspection by a Board inspector for final approval.



(1008) APPLICATION FOR LICENSE TO OPERATE A MOBILE UNIT \$150.00 (non-refundable)

For Cashiering Use Only: 1020		
Entity #	Receipt #	Amount \$
Entity #	License #	
SECTION A: MOBILE UNIT INFORMATION		
Name of Mobile Unit (print clearly)		Telephone Number ()
Permanent Base Street Address (include suite or space number if applicable and print clearly)		Suite/Space #
City	State	Zip Code
Contact Name and Email Address		Contact Telephone Number ()
Full Name of Person Responsible for Driving the Mobile Unit	Insurance Provider and Policy #	CA Driver's License #
SECTION B: OWNERSHIP (Individual, Married Couple or Registered Domestic Partners, Partnership, Corporation or LLC) complete only <u>ONE</u> section that applies to the type of ownership established for your business.		
If Owner is an INDIVIDUAL complete the following and attach an Affidavit.		
Individual: One person will control all ownership liabilities, requirements, and responsibilities of the mobile unit.		
Last Name	First Name	Middle Name
(OR)		
If Owner is a MARRIED COUPLE or REGISTERED DOMESTIC PARTNERS complete the following and attach an Affidavit for each individual.		
Married Couple or Registered Domestic Partners: Two persons will share all ownership liabilities, requirements, and responsibilities of the mobile unit.		
Last Name	First Name	Middle Name
Last Name	First Name	Middle Name

SECTION B: CONTINUED

(OR)

If Owner is a PARTNERSHIP (list ALL partners - attach a separate sheet if needed) complete the following and attach an Affidavit for each partner.

Partnership: Two or more persons will share all ownership liabilities, requirements, and responsibilities of the mobile unit. If this category applies, each person is to provide his/her name in the appropriate sections, along with the partnership's EIN. Partnerships must be issued an EIN from the IRS for the application to be processed. Your application will not be processed without an EIN.

Employer Identification Number (EIN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name			Middle Name					
<input type="text"/>	<input type="text"/>			<input type="text"/>					
<input type="text"/>	<input type="text"/>			<input type="text"/>					
<input type="text"/>	<input type="text"/>			<input type="text"/>					

(OR)

If owner is a CORPORATION or LLC (one or more persons in a corporation or LLC registered with the California Secretary of State to show ownership) complete the following and attach an Affidavit for each owner or member.

Corporation or LLC: A corporation registered with the State of California, Secretary of State, will be responsible for all liabilities and requirements of the mobile unit. If this category applies, list the name of the corporation or LLC, along with all officer's names and titles or members (if LLC with no officers) as well as the EIN for the corporation or LLC. Corporations or LLC's must register with the California Secretary of State and be issued an EIN from the IRS for the application to be processed.

Name of Corporation or LLC	<input type="text"/>
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Employer Identification Number (EIN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title/Member	Last Name	First Name			Middle Name				
<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>				

SECTION C: APPLICATION ATTACHMENTS

Please initial that you have included the following documents with your application package. All incomplete applications will be returned to sender.

- Completed and signed application with the required **Application and Inspection Fee of \$150.00**
- Completed and signed Affidavits are attached for all owners of the mobile unit.
- A legible copy of an acceptable photographic identification for each owner: a driver's license, a state ID card, passport ID card, or military ID card.
- A detailed floor plan showing the location of doors, windows, restrooms, facilities, sinks, lift or ramps, ventilation, equipment, and dimension of the mobile unit.
- Proof that you are the person/company that either owns or leases the mobile unit and shop equipment.
- If you are a corporation, LLC, or partnership attach a copy of your EIN certificate from the IRS.
- Copies of applicable city and county licenses or permits to provide the mobile barbering, cosmetology, or electrolysis services.
- Proof of compliance with applicable city, county, and state plumbing, electrical, and fire laws (if applicable).
- A copy of a valid California driver's license issued to an officer or employee responsible for driving the mobile unit.
- Proof of vehicle insurance as required by California Vehicle Code section 34630.

If you are unable to supply any of the above documentation please supply a letter of explanation.

SECTION D: CERTIFICATION

I/We certify under penalty of perjury under the laws of the State of California that the information provided on this application is true and correct to the best of my/our knowledge and that the establishment will meet all the requirements set forth in the Barbering and Cosmetology Act & the California Code of Regulations before opening business.

WHO MUST SIGN THIS FORM:

IF INDIVIDUAL OWNER: THE OWNER

IF A MARRIED COUPLE or REGISTERED DOMESTIC PARTNERS: BOTH INDIVIDUALS

IF A PARTNERSHIP: ALL AUTHORIZED PARTNERS

IF A CORPORATION or LLC: THE PRESIDENT, THE TREASURER, or MEMBER(S) (if LLC with no Officers)

X	_____	_____	_____
	Signature	Print Name	Date
X	_____	_____	_____
	Signature	Print Name	Date
X	_____	_____	_____
	Signature	Print Name	Date
X	_____	_____	_____
	Signature	Print Name	Date

Please have all parties sign the application and include the initial license and inspection fee of \$150.00.



BOARD OF BARBERING AND COSMETOLOGY

P.O. Box 944226, Sacramento, CA 94244-2260

P (800) 952-5210 F (916) 575-7281 www.barbercosmo.ca.gov



AFFIDAVIT

Please print clearly. Make additional copies as needed. Attach a copy of your government issued photo ID.

I am completing this Affidavit as a: <input type="checkbox"/> Individual <input type="checkbox"/> Married Couple or Registered Domestic Partners <input type="checkbox"/> Partner <input type="checkbox"/> Corporation Officer <input type="checkbox"/> LLC Officer or Member				
Last Name		First Name		Middle Initial
Residence Address (home address)			City	State
Zip Code				
Phone Number () ()		Fax Number () ()		E-mail Address
Social Security Number or Individual Taxpayer Identification Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	
Do you hold or have you held any additional licenses issued by the Board of Barbering and Cosmetology? If yes, list license types, numbers: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding fines owed to the Board of Barbering and Cosmetology?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a legal name change? If yes, provide any other names used: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of or pled no contest to, a violation of any law of the United States, in any state, local jurisdiction, or any foreign country? If yes, answer the following questions. Attach additional pages if needed. <i>Your application will be delayed by 2 to 6 months, if the information provided is not complete</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Conviction(s): _____				
Type of Violation(s): _____				
Court(s) Where Conviction(s) Occurred: _____				
Penalties Received: _____				
<ul style="list-style-type: none"> • Include copies of arrest records, court documents, verification of restitution received by the court, and verification of successful completion of probation. • A letter from you describing the underlying circumstances of arrest as well as any rehabilitation efforts or changes in life since that time to prevent future problems. 				
Include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under California Penal Code Section 1000 or 1203.4 (Traffic violations of \$500.00 or less need not be reported).				
Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country? If yes, please attach an explanation that includes license type, action, and company name (if applicable), year of action and state that it occurred in.				<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing affidavit, including all supplementary statements.				
X Signature			Date	
FOR OFFICIAL USE ONLY				
Date Sent to Enforcement		Enforcement Approval		Date



BOARD OF BARBERING AND COSMETOLOGY

P.O. Box 944226, Sacramento, CA 94244-2260

P (800) 952-5210 F (916) 575-7281 www.barbercosmo.ca.gov



INFORMATION COLLECTION, ACCESS AND DISCLOSURE

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

AGENCY NAME:

Board of Barbering and Cosmetology

TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:

Executive Officer

ADDRESS:

2420 Del Paso Road, Suite 100, Sacramento, CA 95834

INTERNET ADDRESS:

www.barbercosmo.ca.gov

TELEPHONE AND FAX NUMBERS:

(916) 574-7570 phone (916) 575-7281

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:

Sections 7300 to 7457, inclusive, comprising Chapter 10 Division 3, of the California Business and Professions Code.

CONSEQUENCES OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION:

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED:

The information requested will be used to determine qualifications for licensure or certification to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

ANY KNOWN OR FORESEEABLE DISCLOSURES WHICH MAY BE MADE OF THE INFORMATION:

Your completed application becomes the property of the Board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code Section 6250 et seq.) and the Information Practices Act (Civ. Code Section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

SOCIAL SECURITY NUMBER (SSN) OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN) DISCLOSURE

Disclosure of your SSN or ITIN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. Section 405(c)(2)(C)] authorizes collection of your SSN or ITIN. Your SSN or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

AB 1424

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.