

## BOARD OF BARBERING AND COSMETOLOGY

P.O. BOX 944226 SACRAMENTO, CA 94244-2260 INFORMATION: (916) 44.5-7061 (916) 445-7008



## Application for License to Operate a Mobile Unit

Please print in ink or type)				
	llvtdual, name of owner; rporation and allcorpo	If copartnerahlp, namee oprate officers.)	f all partners; lf co	rporation, nam
Name (F'lrst, Middle, Last) (see lnatructlons above)	Title (owner, officer, partner)	License No. (If llcenae board; If not wrlte "no		curity No.• tax I.D. No.)
2. Permanent base address (Number	and Street, City, Sta	te. Zip Code)	Telepho	one Number
3. Name of person responsible for o	driving mobile unit (F'	lrat, Middle, Last):	California Driver's	License Number
4. Have you, any partner, or corpor or misdemeanor (or entered a pl. If answer la "Yea", please I lat a	ea of nolo coritendere)	other than a minor traffi	c violation?	_ Yes _ No _ved for each:
(Attach sheet If addttlonol spansor of the spansor	the mobile unit meet older?	all requirement• set forth		_ <b>Yes</b> _ No
(Attach sheet If additional ag				
<ul> <li>6, The following must accompany t</li> <li>Detailed floor plan showing ventilation, equipment, and c</li> <li>Proof of purchase of the mob</li> <li>Coples of applicable county county ond city of operation</li> <li>Proof of compliance with app</li> </ul>	the location of doors dimension of the 1110bli ile unit and shop equip and city licenses or per and the locations the	Le unit In compliance with ment. mits to provide the •obil rein where the services wi	this article; e cosmetological servi	
(See disclosure Information on re		a coace pramerny, erecting	ary and rero into	
I/Wecertify under penalty of perjudy: JPI!cation Is true and correct to	ury under the laws of o the best of my/our k	nowledge."	-	rovided on this
If Individual the owner. If cart Signature	nersh lo all partners:  Dote	lf corooration. oresident Signature	Or Secretary)	Date
:: ·ture	Dah	Signature		Dote
\lternote moiling If different t	han nermanent hase add	ress of mobile unit (Numb	er & Street, City, 7in	Code)

To answer "yes" to tt5 on the reverse side, the mobIle unit must meet all of the following requirements:

- The mobile unit must be a self-contained, self-supporting, enclosed mobile unit which is at least 24 feet. In length. (Busines & Professions Code Section 7354)

Equipment requirements (Business & Professions Code Section 7357):

- a self-contained, potable water supply, The potable water tanks shall be not less than 100 gal Ions, and the holding tanks shall be of ade uate capa lty,
- continuous, on-demand hot water tanks which shall be not less than s|x-ga|Ion capac|ty.
- a self-contained, reclrcul tlng, flush cheml caltoilet with holding tank.
- covered containers for purposes of depositing hair clippings, refuse, and other-waste materials.
- a spl It lead generator with a remote starter, muffler, and a vent to the outside.
- a sealed combustible heater with an outside vent.
- Pursuant to Business & Professions Code Section 7355(c), after you receive InItlal approval of the appl lcatlon and floor plan from the b\_oard, you must schedule an appointment to show the mobile unit to the board, or representative of the board, for final approval. The Inspection for flnal approval shall be made to ensure complianc with Sections 7354 and 7357 of the Business & Professions Code.
- Enclosed are cop\_les of the Health and Safety Rules of the Board and excerpts from the Barbering and Cosmetology Act (Business & Professions Code) which relate to mobl le units.-Become familiar with them -- you are responsible for compIlance with all. appl lcable laws and regulations.

ll<Olsclosure of yrur social security n.ntler Is mandatory. Sectloo roof the El.1.Siness and Professions Code and Pub.L. 94-455 (42 USCA 405(c)(2)(C)) authorizes coilection of your aocial security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any Judgement or order for family support In accordance with Section 11350.6 of the Welfare and Institutions Code. If you fol-I to diacloso your aocial security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. disclosure of the corporate tax Identification number la voluntary.