



*Note: If salon owned by a corporation be sure to have the officer attach the articles of incorporation*

**LLC** – Name of LLC: \_\_\_\_\_

Name of Manager/Member signing application: \_\_\_\_\_

*Note: If salon owned by an LLC be sure to have the member/manager attach the articles of organization*

**Social Security:** \_\_\_\_\_

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.

Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? **No:**  **Yes:**  If yes, a notarize letter must be submitted with this application. The letter should contain an explanation and description of incident.

Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? **No:**  **Yes:**  If yes, a notarize letter must be submitted with this application. The letter should contain an explanation and description of incident.

Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? **No:**  **Yes:**  If yes, a notarize letter must be submitted with this application. The letter should contain an explanation and description of incident.

Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? **No:**  **Yes:**  If yes, a notarize letter must be submitted with this application. The letter should contain an explanation and description of incident.

Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed?

**No:**  **Yes:**  If yes, a notarize letter must be submitted with this application. The letter should contain an explanation and description of incident.

**Salon owner or manager must notify the Board of Registration of Cosmetology, thirty days prior with a new shop application, of any change in ownership or location. Shop licenses are not transferable. No business of any kind shall be conducted in any approved salon other than the practice of Beauty Culture or the sale of Cosmetics. (this statement can be confusing and looks to contradict policy 06-03 #2)**

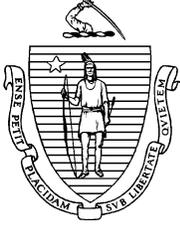
I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Cosmetology to deny 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. Note, for partnerships, partners not named above as the applicant must also sign below, in signing, they agree that the named applicant may represent all partners with regards to any Board business.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Manager & License number**

\_\_\_\_\_  
Date



The Commonwealth of Massachusetts  
Division of Professional Licensure  
1000 Washington Street Suite 710  
Boston, MA 02118-6100  
Board of Registration of Cosmetology  
www.mass.gov/dpl/boards/hd  
617-727-9940

## Plumbing Inspection Form

**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

*Name of city or town*

installations for :

\_\_\_\_\_  
*Name of Salon Applicant*

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

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

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

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

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

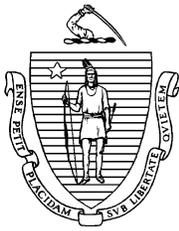
Name of Plumbing Contractor \_\_\_\_\_

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

*Name of city or town*

installations for:

\_\_\_\_\_  
*Name of Salon Applicant*

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

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

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

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

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

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

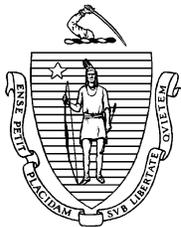
Name of Electrical Contractor \_\_\_\_\_

License # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Address \_\_\_\_\_  
*No. Street City/Town*

Signed: \_\_\_\_\_  
*Electrical Inspector License # Exp. Date*



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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 electrical and or plumbing. No changes will take place without first notifying the Board of Registration of Cosmetology and proper forms are obtained and completed.**

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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

