



# (1008) Application for Mobile Unit License \$150 Fee

**Licensing Program**  
 P.O. Box 944226  
 Sacramento, CA 94244-2260  
 Phone: (800) 952-5210  
 Email: [barbercosmo@dca.ca.gov](mailto:barbercosmo@dca.ca.gov)  
[www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)

<b>Cashiering (1020) Use Only:</b>	Entity #	Receipt #	Amount \$
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**I qualify for expedited application processing based on one of the below criteria:**

Satisfactory evidence must be provided with your application. See Section B for more information.

- Honorably Discharged Veteran of the United States Armed Forces or National Guard
- Admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status

Expedited Status

**SECTION A: ESTABLISHMENT INFORMATION**

Mobile Unit Name	SSN <input type="checkbox"/>
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Base Address	Apt/Ste Number	Physical Address <input type="checkbox"/>
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City	State	Zip Code
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Mailing Address (if different from base address)	Apt/Ste Number	Mailing Address <input type="checkbox"/>
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City	State	Zip Code
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Telephone 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"/> <input type="text"/>	Phone Number <input type="checkbox"/>
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Email Address	Email Address <input type="checkbox"/>
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Mobile Unit Contact Person Name	Phone 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"/> <input type="text"/>	Contact Person <input type="checkbox"/>
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**SECTION B: MOBILE UNIT OPERATOR**

Operator/Driver Full Name	California Driver's License 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"/>	Operator Info <input type="checkbox"/>
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## SECTION C: OWNERSHIP INFORMATION

Select one ownership option and complete that section.

**Individual Owner-** One person will control all ownership liabilities, requirements, and responsibilities of the establishment. Please complete and submit one Affidavit for an Individual Owner.

Ownership Info

Last Name	First Name	Middle Name
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**Married Couple/Domestic Partners-** If Owner is a married couple or registered domestic partners complete the following and attach an Affidavit for each individual.

Last Name	First Name	Middle Name
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Last Name	First Name	Middle Name
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**Partnership-** Two or more people will share all ownership liabilities, requirements, and responsibilities of the establishment. Each person is to provide their legal name and submit an Affidavit. 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"/>
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Last Name	First Name	Middle Name
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Last Name	First Name	Middle Name
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Last Name	First Name	Middle Name
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**Corporation-** A corporation registered with the California Secretary of State, will be responsible for all liabilities and requirements of the establishment. 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. 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. Each member or officer will need to complete and submit an Affidavit for Establishment and Mobile Unit License Application.

Ownership Info

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"/>
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Title/Member	Last Name	First Name	Middle Name
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Title/Member	Last Name	First Name	Middle Name
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Title/Member	Last Name	First Name	Middle Name
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## SECTION D: CERTIFICATION

*I certify that I have read and understand the information, Know Your Workers' Rights, provided by the California Board of Barbering and Cosmetology. I 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.*

*As the owner of this establishment I understand that I am responsible for implementing and maintaining all the health and safety laws and regulations in this establishment and that I as an establishment owner may be cited for all the violations found in this establishment regardless of who caused or whose station the violation was found in. I also understand that if present the licensee or unlicensed individual will also be cited for violations found at their station.*

**Who must sign this form:** Individual owner, or if married couple/domestic partners- both parties, or if partnership- all partners, or if corporation- the President, Treasurer or Members (if no Officers).

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

Certification



## SECTION B: BACKGROUND INFORMATION

1.	<p>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?</p> <p>If yes, attach a completed Disclosure Statement Regarding Criminal Pleas/Convictions form. If needed, the Board will request more information.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Convictions with docs <input type="checkbox"/>
2.	<p>Have you ever had any professional or vocational license or application 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?</p> <p>If yes, attach a completed Disclosure Statement Regarding Disciplinary Action form. If needed, the Board will request more information.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Disciplinary Action with docs <input type="checkbox"/>
3.	<p>Do you hold any professional or vocational license(s) with a California Board?</p> <p>If yes, License Number(s): _____. If the name on your other license(s) does not match the name on this application, submit a Change of Name form with the required documentation with this application.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	CA Licenses <input type="checkbox"/>
4.	<p>Do you, or have you ever, served in the United States military?</p> <p>If yes, attach a copy of your DD214, discharge papers, or current orders for an expedited application.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Military with docs <input type="checkbox"/>
5.	<p>Were you admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status?</p> <p>If yes, please include a copy of documentation that shows the correct status.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Asylum/ Refugee Docs

## SECTION C: CERTIFICATION

I understand that establishments are responsible for compliance with any applicable labor laws of the state and that the applicant understands the informational materials on basic labor laws, as specified in [Section 7314.3](#).

I certify that I have read and understand the information, **Know Your Workers' Rights**, provided by the Board of Barbering and Cosmetology at [https://www.barbercosmo.ca.gov/consumers/workers\\_rights.shtml](https://www.barbercosmo.ca.gov/consumers/workers_rights.shtml). I have read and understand the laws and regulations pertaining to this profession in California [https://www.barbercosmo.ca.gov/laws\\_regs/index.shtml](https://www.barbercosmo.ca.gov/laws_regs/index.shtml).

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

Signature

Date

## INFORMATION COLLECTION, ACCESS AND DISCLOSURE

**\*This statement is for your information.** 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](http://www.barbercosmo.ca.gov)

**TELEPHONE AND FAX NUMBERS:** Phone: (916) 574-7570 Fax: (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):** Disclosure of your social security number 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)] authorize collection of your social security number. Your social security number 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 social security number, 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.