



## **(1008) APPLICATION FOR MOBILE UNIT LICENSE INSTRUCTIONS (\$50 Nonrefundable Application Fee and \$100 License and Inspection Fee)**

Complete this form in accordance with the instructions below and include additional pages and documents as necessary. The California Board of Barbering and Cosmetology (Board) cannot process the document unless all applicable requested information is provided.

### **EXPEDITED APPLICATION PROCESSING**

1. If you qualify for expedited application processing based on the criteria listed on the application, select the appropriate box. If this section does not apply, leave blank.

### **SECTION A – APPLICANT/OWNERSHIP INFORMATION**

2. NAME: Provide the Last Name, First Name, and Middle Name (if applicable) of the applicant/owner of the mobile unit.
3. ADDRESS: Provide the permanent base address from which the mobile unit will operate.
4. MOBILE UNIT NAME: Provide the name under which the mobile unit will operate, if different than your legal name.
5. TELEPHONE NUMBER: Provide a current telephone number, including area code.
6. E-MAIL ADDRESS (OPTIONAL): Provide a current e-mail address if you would like to receive correspondence and updates from the Board.
7. CONTACT PERSON: Name of the person to contact with any questions concerning the application.
8. TELEPHONE NUMBER: Provide a current telephone number, including area code, for the contact person.

### **SECTION B – EMPLOYEE/OFFICER RESPONSIBLE FOR DRIVING THE MOBILE UNIT**

9. NAME: Provide the full legal name of the individual who will be operating/driving the mobile unit.
10. DRIVER'S LICENSE: Provide the full California Driver's License Number for the individual who will be operating/driving the mobile unit.

### **SECTION C – FORM OF BUSINESS ORGANIZATION**

11. Select **ONE** ownership option and complete the section which applies
  - a. **SOLE PROPRIETORSHIP/INDIVIDUAL OWNER**
    - i. NAME: Provide your Last Name, First Name, and Middle Name (if applicable).
    - ii. SOCIAL SECURITY NUMBER/INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER: Provide your Social Security Number or Individual Taxpayer Identification Number.
    - iii. DATE OF BIRTH: Provide your date of birth (Month/Day/Year).

b. PARTNERSHIP

- i. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): Provide the FEIN for the partnership.
- ii. NAME: Provide the Last Name, First Name, and Middle Name (if applicable) of all partners.
- iii. DATE OF BIRTH: Provide the date of birth of all partners (Month/Day/Year).

c. CORPORATION

- i. NAME OF CORPORATION: Provide the full legal name of the corporation.
- ii. SECRETARY OF STATE CORPORATE ENTITY REGISTRATION NUMBER: Provide the full California Corporation Number (7 or 12 digits). Note: Please provide a current and active California Secretary of State corporate entity registration number below. For questions regarding registration requirements, please contact the California Secretary of State; their information is available at [www.sos.ca.gov](http://www.sos.ca.gov).)
- iii. CORP. OFFICER TITLE: Provide the title for each controlling officer of the corporation (e.g., CEO, CFO, etc.). For the purposes of this application, “controlling officer” shall mean the principal individuals who are the officers, directors, managers or officials of the corporation who are responsible for the operations or management of the corporation.
- iv. NAME: Provide the Last Name, First Name, and Middle Name (if applicable) of each controlling officer of the corporation.
- v. CORP. OFFICER SOCIAL SECURITY NUMBER/ITIN: Provide the Social Security Numbers or Taxpayer Identification Number (ITIN) for each controlling officer of the corporation.
- vi. CORP. OFFICER DATE OF BIRTH: Provide the date of birth for each controlling officer of the corporation (Month/Day/Year).

**SECTION D – BACKGROUND INFORMATION**

12. Select “Yes” or “No” in response to the questions listed on the form and provide the information listed in Section E. 1. or 2, as applicable, if you select a “Yes” response.

- a. Question #1 – NOTE: Applicants are not required to disclose any of the following convictions in response to this question:
  - i. Convictions dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code, or a comparable dismissal or expungement.
  - ii. Convictions for which the person has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code;
  - iii. Convictions for which the person has been granted clemency or a pardon by a state or federal executive;
  - iv. An arrest that resulted in a disposition other than a conviction including an infraction or citation
  - v. Convictions that were adjudicated in the juvenile court; or,
  - vi. Convictions under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b) which are two years or older.

- b. Question #2 – NOTE: For the purposes of this application, “disciplined” shall mean suspended, revoked, placed on probation, public reproof, reprimand or any other form of restriction placed upon any other license, registration, certification or permit that the applicant held or currently holds. An applicant shall not be required to disclose any discipline that was based upon a conviction that has been dismissed pursuant to section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code or a comparable dismissal or expungement.
- c. Question # 5 – NOTE: “Evidence” shall include:
  - i. Form I-94, arrival/departure record, with an admission class code such as “re” (refugee) or “ay” (asylee) or other information designating the person as a refugee or asylee.
  - ii. Special Immigrant Visa that includes the “si” or “sq”.
  - iii. Permanent resident card (Form I-551), commonly known as a “green card”, with a category designation indicating that the person was admitted as a refugee or asylee.
  - iv. An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Board that the applicant qualifies for expedited licensure per Business and Professions Code section 135.4.

**SECTION E – FINAL CERTIFICATION**

**13. WHO MUST SIGN THE FORM (AS APPLICABLE):**

- a. Sole Proprietor/Individual Owner
- b. If Partnership
  - i. ALL Partners
- c. If Corporation
  - i. Authorized Representative(s). This is the person or persons who have been authorized to complete the application on behalf of the corporation.

**Notice to Applicants**

The nonrefundable application fee of \$50 must accompany this application. In addition, the Board requires the initial inspection and license fee of \$100 to be submitted with this application or the application will be deemed incomplete. If the application is determined to be incomplete and the applicant fails to complete the application within one year after it has been filed, the Board shall return the initial inspection and license fee to the applicant after that one-year period expires.

**APPLICATION FOR MOBILE UNIT SCHEDULE OF FEES**

| FEE TYPE                                    | FEE AMOUNT   |
|---|--------------|
| <b>Application Fee (Nonrefundable)</b>      | <b>\$50</b>  |
| <b>Initial Inspection &amp; License Fee</b> | <b>\$100</b> |
| <b>Renewal Fee</b>                          | <b>\$40</b>  |
| <b>Delinquency Fee</b>                      | <b>\$20</b>  |

## **INFORMATION COLLECTION, ACCESS, AND DISCLOSURE**

**\*This statement is for your information.** The Information Practices Act, Section 1798.17 of the 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:** BPC Sections 30, 31, 494.5, 7355, 7357, and 7358 and CCR section 937.

**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 and to establish positive identification. Each individual has the right to review their files or records maintained on them by this agency, unless the records are exempted by section 1798.40 of the California Civil Code.

**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. 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), if the application is approved and the license granted, the personal or business name of the applicant and the address information entered on the attached form(s) will become public information subject to disclosure. However, in addition to the name and address, except for the SSN, ITIN or FEIN, other information provided on this form may be disclosed to a member of the public, upon request, under the California Public Records Act or pursuant to a court order or subpoena.

**SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER (SSN/ITIN):** Disclosure of your social security number or taxpayer identification 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 or taxpayer identification number. Your social security number or taxpayer identification 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.

**TAX OBLIGATION DISCLOSURE NOTICE:** Under BPC sections 31 and 494.5, the California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation. This application may be denied, or your license may be suspended if you have a state tax obligation, and the state tax obligation is not paid, and your name appears on either the CDTFA or FTB certified list of top 500 tax delinquencies.



**(1008) APPLICATION FOR MOBILE UNIT LICENSE**  
**(\$50 Nonrefundable Application Fee and \$100 License and Inspection Fee)**

|  |                  |                   |                   |
|--|------------------|-------------------|-------------------|
| <b>Cashiering<br/>(1020) Use Only:</b> | <b>Entity #:</b> | <b>Receipt #:</b> | <b>Amount: \$</b> |
|--|------------------|-------------------|-------------------|

**I qualify for expedited application processing based on one of the below criteria:**  
 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

**SECTION A: APPLICANT/OWNERSHIP INFORMATION**

**Full Legal Name of Applicant/Owner of Mobile Unit**

|   |            |            |             |          |
|---|------------|------------|-------------|----------|
| Last Name <i>(please print clearly)</i>                       |            | First Name | Middle Name |          |
| Permanent Base Address from which<br>Mobile Unit Will Operate | Apt./Suite | City       | State       | Zip Code |

Mobile Unit Name

|  |  |
|--|--|
| Telephone Number<br>( <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> | Email Address (optional)   |
| Name of Contact Person for this Application:   | Telephone Number<br>( <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> |

**SECTION B: EMPLOYEE/OFFICER RESPONSIBLE FOR DRIVING THE MOBILE UNIT**

|                           |   |
|---------------------------|---|
| Operator/Driver Full Name | California Driver's License Number<br><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: FORM OF BUSINESS ORGANIZATION – Select ONE ownership option below and complete that section.**

**SOLE PROPRIETORSHIP/INDIVIDUAL OWNER**       **PARTNERSHIP**       **CORPORATION**

**SOLE PROPRIETORSHIP/INDIVIDUAL OWNER**

|   |            |  |
|---|------------|--|
| Last Name   | First Name | Middle Name  |
| Social Security Number/Individual Taxpayer Identification Number<br><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"/> |            | Date of Birth<br><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Month                      Day                      Year |

**PARTNERSHIP**

Federal Employer 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"/> |
|----------------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|

Last Name

First Name

Middle Name

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"/> | <input type="text"/> |
| Month                |                      | Day |                      | Year                 |   |                      |                      |                      |                      |                      |

Last Name

First Name

Middle Name

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"/> | <input type="text"/> |
| Month                |                      | Day |                      | Year                 |   |                      |                      |                      |                      |                      |

**CORPORATION**

Name of Corporation

Secretary of State Corporate Entity Registration 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"/> | <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"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Corp. Officer Title

Last Name

First Name

Middle Name

Corp. Officer Social Security Number/ITIN

|                      |                      |                      |   |                      |                      |   |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> |
|----------------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|

Corp. Officer 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"/> | <input type="text"/> |
| Month                |                      | Day |                      | Year                 |   |                      |                      |                      |                      |                      |

Corp. Officer Title

Last Name

First Name

Middle Name

Corp. Officer Social Security Number/ITIN

|                      |                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <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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Corp. Officer Date of Birth

|                      |                      |     |                      |                      |   |                      |                      |                      |                      |                      |
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| <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"/> |
| Month                |                      | Day |                      | Year                 |   |                      |                      |                      |                      |                      |

Corp. Officer Title

Last Name

First Name

Middle Name

Corp. Officer Social Security Number/ITIN

|                      |                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <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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Corp. Officer Date of Birth

|                      |                      |     |                      |                      |   |                      |                      |                      |                      |                      |
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| <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"/> |
| Month                |                      | Day |                      | Year                 |   |                      |                      |                      |                      |                      |

Corp. Officer Title

Last Name

First Name

Middle Name

Corp. Officer Social Security Number/ITIN

|                      |                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <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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Corp. Officer Date of Birth

|                      |                      |     |                      |                      |   |                      |                      |                      |                      |                      |
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| <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"/> |
| Month                |                      | Day |                      | Year                 |   |                      |                      |                      |                      |                      |

**SECTION D: BACKGROUND INFORMATION – Check YES or NO for each of the questions below.**

1. Has the applicant, any partner, or controlling officer of the partnership or corporation ever been convicted of any crime or offense for which a license may be denied pursuant to BPC section 480, including:

- a. A criminal conviction for a serious felony under Penal Code section 1192.7;
- b. A criminal conviction that qualifies as a registerable offense under Penal Code section 290(d)(2) or (d)(3);
- c. A criminal conviction that occurred within the last seven (7) years preceding the application date;
- d. A criminal conviction for which the applicant or controlling officer is presently incarcerated; or,
- e. Any conviction for which the applicant or controlling officer was released from incarceration within the preceding seven (7) years?

*\*If YES, the applicant shall attach documents or a written statement on a separate sheet(s) of paper that contains the following information, as applicable:*

- (A) plea/conviction date,
- (B) incarceration date,
- (C) incarceration release date,
- (D) probation/parole release date,
- (E) arresting agency,
- (F) court name/location,
- (G) name of the case and case/docket number,
- (H) list of codes or laws violated,
- (I) explanation of the offense(s)/details of the crime(s), and,
- (J) a statement of any rehabilitation efforts or mitigating information that the applicant would like to submit.

Yes  No

2. Within the preceding seven (7) years from the date of the application, has the applicant, or any partner officer or controlling officer of the business had a license, permit, registration, or certification (“license”) that was formally disciplined by a licensing board in or outside of California?

*\*If YES, the applicant shall attach copies of the disciplinary decision taken by the licensing board, agency, or other governmental organization (“board”) that contains the following information:*

- (A) the type of disciplinary action taken (e.g., revocation, suspension, probation),
- (B) the effective date of the disciplinary action,
- (C) the license type,
- (C) the license number,
- (D) the name and location of the licensing board, and
- (E) an explanation of the violations found by the licensing board.

Yes  No

*In addition, the applicant may submit a statement or documents showing the applicant’s rehabilitation efforts or any mitigating information that the applicant would like the Board to consider.*

|   |   |
|---|---|
| <p>3. Does the applicant hold any professional or vocational license(s) with a California Board?</p> <p><i>*If YES, list License Number(s), License Type, and Name of the Issuing California Board here:</i></p> <hr/>  | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>4. Are you serving in, or have you previously served in, the United States military? (BPC section 114.5)</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>5. If you answered "Yes" to Question No. 4 above, are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces? (BPC section 115.4)</p> <p><i>*If YES, attach a copy of your previous military service (DD214 – Certificate of Release or Discharge from Active Duty, or current military orders) for expedited review of your application.</i></p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>6. Do any of the following statements apply to you:</p> <ul style="list-style-type: none"> <li>a. You were admitted to the United States as a refugee pursuant to section 1157 of Title 8 of the United States Code,</li> <li>b. You were granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to section 1158 of Title 8 of the United States Code; or,</li> <li>c. You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602 (b) of Title VI of Division F of Public Law 111-8 [relating to Iraqi and Afghan translators/interpreters of those who worked for or on behalf of the United States Government].</li> </ul> <p><i>*If YES, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder as provided in the instructions page above. Failure to do so may result in application processing delays.</i></p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>7. Are you providing a detailed floor plan with this application showing the layout and dimensions of the mobile unit and the location of doors, windows, restrooms, sinks, lift or ramps, ventilation, and other necessary equipment in compliance with the Board's health and safety regulations in Article 12 of Division 9 of the CCR (commencing with Section 977)?</p> <p><i>*If YES, please submit a copy of the floor plan with this application.</i></p>  | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>8. Does the mobile unit have the required equipment in compliance with the Board's mobile unit regulations in Article 5 of Division 9 of the CCR (commencing with Section 937(c))?</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |



|   |  |
|---|--|
| <p>9. Are you providing proof of purchase (cancelled check or transaction receipt showing mobile unit purchase by the applicant or authorized representative) or lease (copy of lease agreement between the applicant and the mobile unit owner) of the mobile unit with this application?</p> <p><i>*If YES, please submit a copy of the proof of purchase or lease, as applicable, with this application.</i></p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>10. Does the mobile unit have a self-contained potable water supply (if shampooing services are offered)?</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>11. Does the mobile unit have continuous, on-demand hot water tanks which shall not be less than six-gallon capacity?</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>12. Does the mobile unit have adequate ventilation (which includes at least one window capable of opening and a powered ventilation fan)?</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SECTION E: FINAL CERTIFICATION**

*I declare under penalty of perjury under the laws of the State of California that I am authorized to sign this application on behalf of the applicant, that I have read this application and the information provided herein along with any accompanying documents, and that the foregoing and all attachments are true and correct.*

*In signing this application, I further acknowledge receiving notice of the following:*

*BPC section 7359 states:*

*“It is unlawful for any person, firm or corporation to hire, employ, allow to be employed, or permit to work, in or about a mobile unit, any person who performs or practices any occupation regulated under this chapter who is not duly licensed by the board. Any person violating this section is guilty of a misdemeanor.”*

**Who must sign this form:** Individual owner, or if Partnership – all partners, or if Corporation – authorized representative(s).

|           |              |       |                       |
|-----------|--------------|-------|-----------------------|
| Signature | Printed Name | Title | Date (Month/Day/Year) |
| Signature | Printed Name | Title | Date (Month/Day/Year) |
| Signature | Printed Name | Title | Date (Month/Day/Year) |
| Signature | Printed Name | Title | Date (Month/Day/Year) |