

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
BOARD OF BARBERING, COSMETOLOGY, & ESTHETICS
121 South Fruit Street
Concord, N.H. 03301-2412
Telephone 603-271-3608 · Fax 603-271-3950



**BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
MOBILE SHOP APPLICATION**

YOU MUST ENCLOSE THE FOLLOWING:

1. Questionnaire for Applicants and Licensees for owner and manager;
2. One Application fee of \$60.00. Please make check or money order payable to: Treasurer, State of New Hampshire;
3. A detailed floor plan showing the location of doors, restroom facilities, sinks, lifts or ramps, ventilation, equipment, and dimensions of the mobile barbershop;
4. If this is a change of owner, you must provide proof of ownership (bill of sale).

You cannot operate until an inspection has occurred and you have been approved for licensure. Please be aware it may take up to two weeks to receive an inspection appointment.

NAME OF SHOP: _____

NAME OF SHOP OWNER: _____

ADDRESS OF SHOP OWNER: _____

PERMANENT BASE MAILING ADDRESS OF SHOP: _____

CELL PHONE # _____ EMAIL ADDRESS (Optional): _____

BIRTH MONTH OF SHOP OWNER: _____ OWNERS PROF. LICENSE # _____

MANAGER NAME: _____ MANAGER PROF. LICENSE # _____

ADDRESS OF SHOP MANAGER: _____

MANAGER SIGNATURE: _____ Date _____

SHOP OWNER SIGNATURE: _____ Date _____

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Dear Applicant:

Please be advised that it is your responsibility to be in compliance with all laws and rules of the Board of Barbering, Cosmetology, and Esthetics.

Upon request the Board will provide the licensee with laws governing the practice of Barbering, Cosmetology, and Esthetics and the administrative rules. You must be in compliance with all laws and rules of the Board, along with any other state requirements, and your city or town in which your shop is located.

The discharge of salon wastewater to a septic system is regulated by the Department of Environmental Services (DES) under the New Hampshire Code of Administrative Rules Env-Ws 1500, Groundwater Discharge Permit and Registration Rules. Licensees specifically must comply with Env-Ws 1603.01 with regards to wastewater disposal. For additional information please contact Mitchell Locker at (603) 271-2858.

I _____ certify that I have read all laws governing barbering, cosmetology, manicuring and esthetics and the administrative rules of the Board and my shop is in compliance with all of them. I understand any violation of the rules or statute will result in fines assessed to my shop and possible disciplinary action by the Board. I understand that my shop cannot open until the Board's inspector has given me approval. I further state that I will repay the fee if I am not at the shop when the inspector arrives to conduct the initial inspection or if my shop is not in compliance.

Permission to operate in the place of my choice may require additional permits. I understand it is my responsibility to obtain such permits and comply with all state laws and city or town ordinances.

Signature _____

Date _____

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**BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
QUESTIONNAIRE FOR APPLICANTS AND LICENSEES**

This questionnaire must be completed using blue or black ink, signed, and sent to the NH Board of Barbering, Cosmetology, and Esthetics at the above address with your application for licensure or renewal. (If additional space is required for explanation, use other side.)

1. Have you ever been convicted of any felony or misdemeanor, other than a traffic violation, which has not been annulled by a court? (Circle one) YES NO

If yes, Before the Board can review your file for approval they must have the following documents: You must obtain from the Court(s) a copy of the court charge(s), conviction(s), penalties imposed, and provide a statement from you relative to the charge(s). If you are currently on probation/parole you must provide all the above plus the following: Your probation/parole officers name, mailing address, and telephone number if applicable; you must obtain a letter from your probation/parole officer stating you are in compliance with your probation/parole. If you were on probation/parole and have completed all requirements, we need a letter indicating you have met all requirements and are no longer on probation/parole.

If you have already submitted the above to the Board in a prior application, and the Board approved the conviction(s), you must state the conviction, the date of the conviction, and the date the Board approved this conviction:

2. Are you addicted to the use of alcohol or other habit-forming drugs to a degree rendering you unfit to practice under RSA 313-A (Circle one) YES NO If yes, explain:
3. Have you been determined by a court to be mentally incompetent or do you have, or have you been told by health practitioner or mental health practitioner that you have, a physical or a mental condition that impairs your ability to practice the profession for which you are seeking licensing under RSA 313-A? (Circle one) YES NO If yes, explain:

I hereby certify that the statements made in this application are true and accurate. I have not withheld information that is requested. I am aware that a false, dishonest or misleading answer may be grounds for 1) denial of this application; 2) disciplinary action against my license; and further that 3) false statements are punishable by law.

Applicant Signature: _____

Applicant Name (Please Print): _____

Current Mailing Address: _____

Telephone _____

Social Security No. _____