

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 603-271-394



**RENEWAL APPLICATION FOR TWO-YEAR MOBILE SHOP LICENSE**

Each owner and manager must complete a questionnaire. Additional questionnaire available below and also available on the website: [www.oplc.nh.gov/cosmetology](http://www.oplc.nh.gov/cosmetology). Please answer the 3 questions below, sign, and return to above address with the following:

A check or money order made payable to "Treasurer, State of NH" in the amount of **\$100.00**.

This application must be received before the expiration date with renewal fee of \$100.00. Renewal applications received after the expiration date are subject to a **\$55.00 late fee**.

- 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 a copy of the court charge(s), conviction(s), penalties imposed, provide a statement from you relative to the charge(s), and a letter from your probation officer stating you are in compliance with terms of probation.
- 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:
- 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.

Name of shop: \_\_\_\_\_

Name of shop owner: \_\_\_\_\_ Birth month: \_\_\_\_\_

Name of manager: \_\_\_\_\_

Address of shop owner: \_\_\_\_\_  
\_\_\_\_\_

Permanent mailing address of shop: \_\_\_\_\_  
\_\_\_\_\_

Applicant signature: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone #: \_\_\_\_\_

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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 on this application and in any other documents submitted in connection with 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, false statements are punishable by law”**

Applicant Signature: \_\_\_\_\_

Applicant Name (Please Print): \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security No. \_\_\_\_\_