STATE OF CALIFORNIA-STATE AND CONSUMER SERVICES AGENCY



BOARD OF BARBERING AND COSMETOLOGY P.O. BOX 944226 SACRAMENTO, CA 94244-2260 INFORMATION: (916) 445-7061 (916) 445-7008



## Application for License to Operate a Mobile Unit

Please print in ink or type)	•		
	idual, name of owner; ration and ail corpor		ill partners; if corporation, name
Name (First, Middle, Last) (see instructions above)	Title (owner, officer, partner)	License No. (If licensed by board; if not write "none".	
2. Permanent base address (Number a	nd Street, City, Sta	te, Zip Code)	Telephone Number
3. Name of person responsible for dr	iving mobile unit (F	irst, Middle, Last): - Cal	Ifornia Driver's License Number:
4. Have you, any partner, or corpora or misdemeanor (or entered a plea If answer is "Yes", please list a	of nolo contendere)	other than a minor traffic vi	iolation?YesNo
(Attach sheet if additional space			· · · · · · · · · · · · · · · · · · ·
5. Prior to final inspection, will t reverse side of this application? If answer is "No", give full part		all requirements set forth on	theYes No
(Attach sheet if additional space	is required)		
<ul> <li>6. The following must accompany this</li> <li>Detailed floor plan showing the ventilation, equipment, and dim</li> <li>Proof of purchase of the mobile</li> <li>Copies of applicable county and county and city of operation ar</li> <li>Proof of compliance with applicable</li> </ul>	location of doors, mension of the mobile o unit and shop equip loity licenses or pe nd the locations the	o unit in compliance with this ment. Armits to provide the mobile c rein where the services will b	article. osmetological services in each e offered.
(See disclosure information on rever		14 6 6 6 6 6 F 1 6 6 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	
I/We certify under penalty of perjur oplication is true and correct to the if individual, the owner; if partner	y under the laws of ne best of my/our kno	owledge."	550 *
Signature	Date	Signature	Date
37 ture	Date	Signature	Date
\lternate mailing if different than	permanent base addri	ess of mobile unit (Number &	Street, City, Zip Code)

To answer "yes" to #5 on the reverse side, the mobile unit must meet all of the following requirements:

 The mobile unit must be a self-contained, self-supporting, enclosed mobile unit which is at least 24 feet in length. (Business & Professions Code Section 7354)

Equipment requirements (Business & Professions Code Section 7357):

- a self-contained, potable water supply. The potable water tanks shall be not less than 100 gallons, and the holding tanks shall be of adequate capacity.
- continuous, on-demand hot water tanks which shall be not less than six-gallon capacity.
- a self-contained, recirculating, flush chemical toilet with holding tank.
- covered containers for purposes of depositing hair clippings, refuse, and other waste materials.
- a spilt lead generator with a remote starter, muffler, and a vent to the outside.
- a sealed combustible heater with an outside vent.
- Pursuant to Business & Professions Code Section 7355(c), after you receive initial approval of the application and floor plan from the board, you must schedule an appointment to show the mobile unit to the board, or representative of the board, for final approval. The inspection for final approval shall be made to ensure compliance with Sections 7354 and 7357 of the Business & Professions Code.
- Enclosed are copies of the Health and Safety Rules of the Board and excerpts from the Barbering and Cosmetology Act (Business & Professions Code) which relate to mobile units. Become familiar with them -- you are responsible for compliance with all applicable laws and regulations.

\*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Pub.L. 94-455 (42 USCA 405(c)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgement or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code. 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. disclosure of the corporate tax identification number is voluntary.