WASHINGTON STATE DEPARTMENT OF LICENSING

Salon/Shop, Personal Services, or Mobile Unit License Application

[redacted]

20921-APPLICATIONS

Apply for a salon/shop, personal services, or mobile unit license.

Online: **https://professions.dol.wa.gov**

Or mail this completed form and a check or money order, payable to Department of Licensing (DOL) to:

Cosmetology Program
Department of Licensing
PO Box 3856
Seattle, WA 98124-3856

For questions or language help call: 360-664-6626

We cannot issue your license if your application is incomplete.

What you need to complete this application

- Active UBI number from Business Licensing Service (bls.dor.wa.gov/file.aspx)
- Updated insurance policy information

Fees

☐ New (or expired over one year) application – **$121**
☐ Adding a location – **$121 per location**

Licenses are available for self-printing with an online account.
If you want us to print and mail your license add a $5 print fee for each copy to your payment.

☐ $0 self-print license online.
☐ $5 each. DOL print and mail license. Quantity _____ Total $ _____

License type – a payment is required for each license type

☐ Salon/Shop – services are performed in any building, structure, or any part of these. This includes individuals leasing space where services are performed.
☐ Personal services – services are performed in a client's home, office, or other location convenient for the client.
☐ Mobile unit – services are performed in a mobile structure.

Applicant information

TYPE or PRINT Name as you would like it to appear on your license		Professional license number *(if applicable)*
Full legal name *(First, Middle, Last)*		
10-digit home phone number	Date of birth *(mm/dd/yyyy)*	Social Security number*
Military? *(check if applicable)* Current or former: ☐ Military member ☐ Military spouse or domestic partner		
For Service members and their spouses: When a Service member and their spouse must move due to Military orders, Washington state may recognize their current license or certificate if they provide the following: 1. A copy of the military orders with this application;		

*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

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Applicant information (continued)

Military (continued)

2. A license that is in good standing in all states where the individual held their license before.
   a. During application review, DOL may request an original Certification of Licensure or Letter of Good Standing from each state.
   b. There may be continuing education requirements needed for DOL to recognize the license.
3. Complete the following table if you hold a license issued by any state (excluding Washington).

State	License number	Expiration date

Company information

Business name		Active UBI/UBI Business ID/UBI Location ID (16 digits)	
Doing Business As (DBA) or salon shop name		License number (renewals only)	
Mailing address			
City	State	ZIP code	County
Physical address (Salon shop or mobile unit only)			
City	State	ZIP code	County
Email		10-digit business phone number	

Type of business

☐ Sole proprietor ☐ Partnership ☐ Corporation ☐ LLC

Insurance (required)

Insurance company name	Policy number
Expiration date	Policy amount *(minimum $100,000)*

Answer the following

1. Do you have a current certificate of insurance showing not less than $100,000 for public liability insurance for combined bodily injury and property damage? . . . . . ☐ Yes ☐ No
2. Do you agree to provide documentation to support these statements if we request it? . . . ☐ Yes ☐ No

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Legal background

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? . . . . . ☐ Yes ☐ No
2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) . . . . . ☐ Yes ☐ No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Type or print name of sole proprietor/person authorized to sign on behalf of partnership/corporation/LLC

Date and place (city or county) signed

X

Signature of sole proprietor/person authorized to sign on behalf of partnership/corporation/LLC

Providing false information in this application may be cause for denial, suspension, or revocation your professional license in the State of Washington.

RCW 18.16; 18.16.110(1); 18.16.175(5); 18.235; 26.23.150; 42.56