



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



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) 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**
- Renewal application – **\$121**
- Late renewal application – **\$181**
- Adding a location – **\$121 per location**
- Changing locations – **\$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)			
(Area code) Home phone number	Date of birth (mm/dd/yyyy)	Social Security number*	
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner			

*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).

Company information

Business name		Active UBI/UBI Business ID/UBI Location ID (16 digits)	
DBA or salon shop name		License number <i>(renewals only)</i>	
Mailing address			
City	State	ZIP code	County
Physical address <i>(Salon shop or mobile unit only)</i>			
City	State	ZIP code	County
Email		(Area code) Business phone number	
Type of business <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			

Insurance (required)

Name of insurance company	Policy number
Expiration date	Policy amount <i>(minimum \$100,000)</i>
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Do you agree to provide documentation to support these statements if we request it? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
X

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

Date and place

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