**MOBILE BARBERSHOP**

**APPLICATION FOR ORIGINAL LICENSE**

**Purpose of Application**

**Check the item that describes why you are filling out this application (check one):**

☐ New Business - I am opening a new mobile barbershop.

☐ Change of ownership - The ownership of an existing mobile barbershop has changed.

**SECTION 1. APPLICATION INFORMATION**

To apply for a mobile barbershop license on behalf of your corporation (INC. or CORP.), partnership, limited liability corporation (LLC), limited liability partnership (LLP), or sole proprietorship, you must:

* Be eighteen years of age or older.
* Complete this application.
* For corporations only:
  + Provide a copy of the Articles of Incorporation.
  + Obtain a Certificate of Good Standing from the Maryland State Department of Assessments and Taxation.
* **MUST BE THE OWNER OF AN EXISTING BARBERSHOP (Brick & Mortar)**

**SECTION 2. APPLICANT OWNER OR DESIGNEE / PERSONAL INFORMATION**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST FIRST MI

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

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY AND COUNTY STATE ZIPCODE

Address is a United States mailing address: □ Yes □ No

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MM-DD-YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver's License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver's License State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3. REQUIRED INFORMATION**(Circle Yes or No)

Have you ever been convicted of a felony or misdemeanor in any State, District of Columbia or Federal court?

**YES NO**

Have you ever had this type of license denied, suspended, or revoked by Maryland, any other state or the District of Columbia?

**YES NO**

If you have answered yes to any of the above questions, you must submit:

* + A typed or clearly printed letter giving a complete explanation of the incident(s)
  + A true test copy of the applicable court document(s)
  + A copy of the final order in your case(s)

**SECTION 4. BUSINESS INFORMATION**

List the following information for your place of business (this address will appear on your license and must be the address where you transact business with the public in Maryland):

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trading As or Doing Business As: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If necessary)*

Fixed Business (six digit) License Number: **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_**

Fixed Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

y, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/ COUNTY STATE ZIPCODE

Business Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 5. VEHICLE INFORMATION**

\*Vehicle Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Must enclose a copy of the valid vehicle registration card**

**\*The only mobile unit approved is a Recreational Vehicle (RV). All other vehicle types are prohibited.**

**SECTION 6. INSURANCE INFORMATION**

**A)** I am an employer required to provide employee coverage under the Workers Compensation Law:

□ Yes □ No

If checked "Yes," provide the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

POLICY/BINDER NO. ISSUED BY

**B)**  I maintain liability insurance coverage of at least $300,000 (required of all salon businesses):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POLICY NO. NAME OF INSURANCE COMPANY

**SECTION 7. IMPORTANT NOTICE**

In accordance with Executive Order 01.01.1983-18, the Department of Labor is required to advise you as follows regarding the collection of personal information:

Personal information requested by the licensing agency of the Department is necessary in determining your eligibility for licensure. Such personal information is also intended as an additional means of verifying the licensee's identity to enable the agency to communicate in a timely manner with the licensee should the need arise. The licensee has a right to inspect his personal record and to amend or correct the personal data if necessary. Personal information is generally available for inspection by the public only in accordance with the Maryland Public Information Act.

**CERTIFICATION**

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of certifying my qualifications for licensing; and I hereby certify under penalty of perjury that the information contained herein is true and correct to the best of my knowledge, information and belief. I understand that willfully making a false statement on an application is a misdemeanor subject to a fine or imprisonment under the Act. I further authorize the release of any information contained within this application to an authorized representative of the Department of Labor for further investigation. I further certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Department of Labor or have provided for payment in a manner satisfactory to the unit responsible for collection.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Instructions:**

**Mail this application with the application fee of $225 to the address below:**

**Money orders and checks ONLY are accepted**

**Make checks payable to Maryland State Board of Barbers**

Maryland Mobile Barbershop Licensing Program

Board of Barbers

100 S. Charles Street, Tower 1

Baltimore, Maryland 21201

Phone: 410-230-6190 Email: [barbers.cos@maryland.gov](mailto:barbers.cos@maryland.gov)

**LABOR USE ONLY**

APPROVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DENIED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 03/2025