

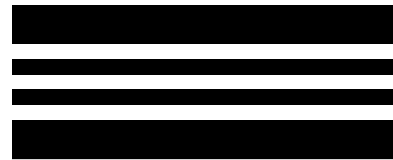


# Salon/Shop, Personal Services, or Mobile Unit License Application

You can use this form to apply for a salon/shop, personal services, or mobile unit license. Send this completed form and a check or money order, payable to Department of Licensing, to:

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

Questions? Call (360) 664-6626



**We cannot issue your license if your application is incomplete.**

### What you will need to complete this application:

- UBI number from Business Licensing Service ([bls.dor.wa.gov/file.aspx](https://bls.dor.wa.gov/file.aspx))
- Social Security number
- Insurance policy information

### Check payment type:

- New (or expired over one year) application—**\$110**
- Renewal application—**\$110**
- Late renewal application—**\$160**
- Adding a location—**\$110 per location**
- Changing locations—**\$110 per location**

### Check 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 ( <i>Last, First, Middle</i> )		Operator license number ( <i>if applicable</i> )	
(Area code) Home telephone number	Date of birth ( <i>mm/dd/yyyy</i> )	Social Security number required*	

\*All applicants are required by federal and state law to provide their Social Security number (SSN) for use in child support enforcement programs (42 U.S.C. 666(a)(13) and RCW 74.20A.320). It may also be used for education loan repayment programs and identification of records with similar names. Submission of your SSN is mandatory; failure to submit it may result in denial of your application.

### Company information

Business name or salon shop name			Salon shop license number ( <i>renewals only</i> )	
Mailing address				
City	State	ZIP code	County	
Salon shop address				
City	State	ZIP code	County	
Email				
(Area code) Business telephone number			UBI number required	
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	(Area code) Office telephone number

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 us with documentation to support these statements if we request it? .....  Yes  No

**Applicant personal data**

Answer the following

**If you answer “Yes” to any of these questions**, write a brief explanation below. Include charges, date of conviction, civil judgement or order, county jurisdiction, state, and disposition of charges. If you are on supervision, provide contact information for your supervising official.

In this state or any other jurisdiction, are (have) any business owners, any persons with controlling interest in this business, or the business entity:

1. Within the last 10 years, had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupation license, certification, or permit? .....  Yes  No
2. Within the last 10 years, had any civil court order, verdict, or judgment entered against them? .....  Yes  No
3. Within the last 10 years, defaulted or been convicted of or entered a plea of no context to a gross misdemeanor or felony crime? (Don't include traffic offenses) .....  Yes  No
4. Currently under indictment, or is there a criminal complaint, charge, or information pending against them? .....  Yes  No

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

	TYPE or PRINT name of sole proprietor or person authorized to sign on behalf of the partnership, corporation, or LLC <b>X</b> Signature of sole proprietor or person authorized to sign on behalf of the partnership, corporation, or LLC
Date and place	

**If you provide any false information in this application, we may deny, suspend, or revoke your Washington salon/ shop, personal services, or mobile unit license.**