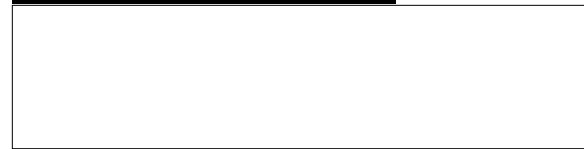




Salon/Shop, Personal Services, or Mobile Unit License Application

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



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—any building, structure, or any part of these. This includes individuals leasing space where services are performed.
- Personal services—required when services are performed in a client’s home, office, or other location that is convenient for the client.
- Mobile unit—a location where services are performed in a mobile structure.

Applicant information

TYPE or PRINT Name (<i>Last, First, Middle</i>)			Operator license number
(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 of salon shop			Salon shop license number (renewals only)	
Mailing address				
City	State	ZIP code	County	
Salon shop address				
City	State	ZIP code	County	
Email				
(Area code) Business telephone number			Washington Revenue Tax number (<i>UBI</i>)	
Type of business <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC				

Insurance (required) RCW 18.16.110(1)

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

