



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR REGISTRATION OF A MOBILE SALON OR SHOP INSTRUCTION SHEET

When to File an Application

You are required to obtain a **professional license from the Division of Professional Regulation** for each mobile salon or shop you are operating in Delaware. File an application when:

- you open (or purchase) a **new** (or additional) mobile salon/shop
- the **ownership** of an existing mobile salon/shop is changing (*regardless of whether the name is changing*)

In addition to the professional license, you must obtain a **business license from the Division of Revenue** for each salon or shop you operate. To apply, visit www.revenue.delaware.gov or call the office for your area:

Wilmington (302) 577-5800 Georgetown (302) 856-5358 Dover (302) 739-5251

Requirements for All Applications

- Submit completed, signed and notarized [Application for Registration of a Mobile Salon or Shop](#).
- Enclose [processing fee](#) by check or money order made payable to "State of Delaware." Applications received without the required fee will be rejected.
- Submit completed, signed and notarized [Statement of Shop/Salon Professional-in-Charge](#).
- Enclose detailed floor plan on 8 ½" x 11" paper or blueprints.
- Enclose a copy of the shop's or salon's Delaware [Division of Revenue business license](#).
- Enclose a copy of the vehicle registration card.

All persons providing professional services in the mobile salon/shop must hold the appropriate professional license.

All mobile shops/salons operating in Delaware must comply with the Division of Public Health's Rules and Regulations on sanitation. See [Sanitation Regulations](#).

The Cosmetology/Barbering [License Law](#) and [Rules and Regulations](#) are available online.

What Happens After You File

To ensure consideration of your license application at the next Board meeting, the Board office must receive all of the items above **no later than** 4:30 PM ten full working days before the Board's meeting date. The Board meets on the last Monday of each month at 9:00 a.m. except for August and December. The [meeting calendar and agendas](#) are available online.

After the meeting, you will be notified in writing of the Board's decision. If approved, the license will be enclosed. **No inspection takes place before the mobile salon/shop opens.**



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APPLICATION FOR REGISTRATION OF A MOBILE SALON OR SHOP

TYPE OF APPLICATION

1. Check the item that describes why you are filing this application (check one):

- New Salon/Shop** – I am opening a *new* mobile salon or shop.
- Change of Ownership** – The ownership of an *existing* mobile salon/shop has changed.
- Name of mobile salon/shop as it appears on the current license: _____
 - Professional license number from current license: **M8**- _____

If approved, a new license number will be issued.

- New Vehicle** – An existing mobile salon/shop has changed mobile units but the ownership has not changed. The Board must approve this application before the new mobile unit opens.
- Name of mobile salon/shop as it appears on the current license: _____
 - Professional license number from current license: **M8**- _____
 - Anticipated date of salon/shop opening: _____

If approved, a new license number will be issued.

CONTACT INFORMATION

2. Business Name: _____

3. Enter the address of the **physical location** from which you will dispatch the mobile unit and to which you will return (park) it when it is not in use. A post office box is **not** acceptable:

_____ Street (no PO Box)

_____ City _____ State _____ Zip

4. Enter the address of the **permanent business location** where you will keep appointment records, itineraries, employee license numbers and vehicle identification number(s). A post office box is **not** acceptable. We will mail all correspondence about the mobile salon/shop's professional license to this address.

_____ Street (no PO Box)

_____ City _____ State _____ Zip

5. Phone: _____ Fax: _____ Email: _____

VEHICLE INFORMATION

6. Enter the Vehicle Identification Number (VIN) of the mobile unit: _____

Enclose a copy of the vehicle registration card.

7. Does the mobile salon/shop have a Delaware [Division of Revenue business license](#)? Yes No

Enclose a copy of the Delaware Division of Revenue Business License.

8. Does this mobile salon/shop comply with the [Sanitation Regulations](#) of the Division of Public Health? Yes No

Submit a detailed floor plan on 8 1/2" x 11" paper or blueprints.

OWNERSHIP AND MANAGEMENT INFORMATION

9. Owner Name(s): _____

10. Owner Mailing Address: _____
Street

_____ City _____ State _____ Zip

11. Name of *Professional in Charge* of Mobile Salon/Shop: _____

12. Delaware Professional License Number of Professional-in-Charge: _____ - _____

13. Professional-in-Charge Address: _____
Street

_____ City _____ State _____ Zip

14. Professional-in-Charge Phone: _____ Email: _____

Submit completed, signed and notarized [Statement of Shop/Salon Professional-in-Charge](#).

SERVICES PROVIDED AND PERSONNEL PROVIDING SERVICES

15. Check *all* services to be provided by this mobile salon/shop. List the name and Delaware license number of one person who will provide each service.

SERVICE	NAME	PROFESSIONAL LICENSE
<input type="checkbox"/> Cosmetology	_____	M __ - _____
<input type="checkbox"/> Nail Technology	_____	M __ - _____
<input type="checkbox"/> Aesthetics	_____	M __ - _____
<input type="checkbox"/> Electrology	_____	M __ - _____
<input type="checkbox"/> Barbering	_____	D __ - _____

16. Do *all* persons who provide cosmetology, barbering, aesthetics, electrology and nail technology services at this mobile salon/shop hold the appropriate Delaware professional license? Yes No

The Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

I certify that the information I give in this application is true to the best of my knowledge and belief and is made for the express purpose of obtaining a license. I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

Applicant Signature: _____ Date: _____

State of _____ County or City of _____

_____ being first duly sworn deposes and says that he/she is the person who executed this application, that the statements herein contained are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this _____ day of _____, _____.

Signature of Notary Public: _____

SEAL

My Commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.



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STATEMENT OF SHOP/SALON PROFESSIONAL-IN-CHARGE

INSTRUCTIONS

When to Complete

Complete this form when...

- applying for a Delaware license for a shop/salon, including a mobile shop/salon, **or**
- reporting a change in the Professional-in-Charge of a Delaware-licensed shop/salon or mobile shop/salon.

Professional-in-Charge Requirements

The Professional-in-Charge of a Delaware-licensed shop/salon:

- is responsible for all operations of the shop/salon, including ensuring that all employees are licensed when required by law
- must hold a current Delaware license
- may serve as the Professional-in-Charge for only one shop/salon at a time.

When the Professional-in-Charge of a shop/salon changes...

- **The outgoing (former) Professional-in-Charge must notify the Board in writing within 10 days of termination as the Professional-in-Charge.**
- **The incoming (new) Professional-in-Charge must sign the PROFESSIONAL-IN-CHARGE ACKNOWLEDGMENT on this form.**

SHOP/SALON INFORMATION

1. Name of Shop/Salon: _____
Enter name as it appears on license or on application for license.

2. **Shop/Salon Location Address:** _____
Street (No PO Boxes)

City State Zip

3. Why are you submitting this form? Check one:

- In connection with an application for a *new Delaware license* for the shop/salon above. Skip to Question 5.
- To report a change in the professional-in-charge for the *Delaware-licensed shop/salon* above. Enter Shop/Salon Delaware License No: M ____ - _____. Continue to next question.

PROFESSIONAL-IN-CHARGE INFORMATION

4. Enter the following information about the **outgoing (former)** Professional-in-Charge:

Full Name: _____

DE license number: ____ - _____

5. Enter the following information about the **incoming (new)** Professional -in-Charge:

Full Name: _____

When does (did) this person become the Professional-in-Charge? _____

Is this person licensed in Delaware? Yes No If yes, enter DE license number: ____ - _____

The Professional-in-Charge must complete and sign the ACKNOWLEDGMENT OF PROFESSIONAL-IN-CHARGE section below. The acknowledgment must be notarized.

PROFESSIONAL-IN-CHARGE ACKNOWLEDGMENT

1. Do you understand that you are responsible for conducting and managing the shop/salon named above in compliance with all applicable state and federal laws, including ensuring that all employees are licensed when required by law? Yes No
2. Have you read and understood that you can be a Professional-in-Charge for only one shop at any given time ([24 Del. C. § 5118](#))? Yes No
3. Do you agree to notify the Board of Cosmetology & Barbering in writing within 10 days of your termination as professional-in-charge? Yes No

Professional-in-Charge Signature: _____ Date: _____

Your Email: _____

State of _____ County or City of _____

_____ being first duly sworn, deposes and says that he/she is the person who executed this form, that the statements herein contained are true.

Subscribed and sworn to before me this _____ day of _____, 2_____

SEAL

Signature of Notary Public: _____

My Commission expires: _____

Mail this form to: Board of Cosmetology/Barbering
861 Silver Lake Blvd., Suite 203
Dover DE 19904-2467