



APPLICATION FOR MOBILE SALON LICENSE

State Form 55133 (R5 / 7-17)

Approved by State Board of Accounts, 2017

STATE BOARD OF COSMETOLOGY AND BARBER EXAMINERS

PROFESSIONAL LICENSING AGENCY

402 West Washington Street, Room W072

Indianapolis, Indiana 46204-2724

Telephone: (317) 234-3031

E-mail: pla12@pla.IN.gov

www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$40.00, payable to the Indiana Professional Licensing Agency, in accordance with 820 IAC 7-1-1.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.
 5. Do not file this application until the salon is ready to open.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY

License fee	Date fee paid (month, day, year)	Receipt number
License number issued	Date license issued (month, day, year)	

DO NOT WRITE ABOVE THIS LINE

MOBILE SALON INFORMATION

Check one only: Self Contained Mobile Salon (vehicle containing a salon) Mobile Salon Business

Check all services to be offered: Cosmetology Manicuring Esthetics Electrology Barbering

IDENTIFYING INFORMATION

Name of salon	Vehicle identification number (VIN) (for self contained salon only)	
Mailing address (number and street, city, state, and ZIP code)		
Permanent address where records of appointments, license numbers of employees, and vehicle identification, if applicable, are kept (number and street, city, state, and ZIP code)		
Name of owner(s) (indicate all owners)		
E-mail address	Mobile telephone number (required) ()	Social Security number * or Federal Identification number

SUPERVISING LICENSEE

Name of supervising licensee	License number
Name(s) of Licensed Employee(s)	License Number(s)

CERTIFICATION

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending? Yes No
2. Have you been denied a license, certificate, registration, or permit in any state? Yes No
3. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending? Yes No
4. Have you or any owner ever committed an act for which you could be disciplined under IC 25-8-14? Yes No

I affirm that, if this is a self contained mobile facility, it is in compliance with applicable city, county, and state laws and ordinances, including fire and zoning; that the person responsible for driving the self contained mobile salon has a valid Indiana drivers license; and that I have knowledge of the manufacturer's instructions when the mobile facility is stationary to ensure it is securely parked and stable. I affirm that the salon will contain all required equipment pursuant to the State Board of Cosmetology and Barber Examiners statutes and rules.

I certify that I personally completed this application and that the answers appearing hereon are true and correct to the best of my knowledge. I understand that providing fraudulent information may be grounds for refusal to issue the license for which I am applying, or for disciplinary action against the license which may be issued.

Signature of owner	Date (month, day, year)
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