If YES, submit copy of either bill of sale or new lease.

The Board may require further documentation upon review of this application.

**OSBCB FORM 521**Revised 08/24



**MOBILE ESTABLISHMENT LICENSE APPLICATION  
Affidavit Verifying Lawful Presence (Form 390) is part of this application and must be attached.**

**Include cashiers check or money order for $50 fee payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED.**

|  |
| --- |
| **OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING**  **ADVISORY BOARD ON MASSAGE THERAPY** |
| **2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453**  **Establishment Department 405.521.2441 • Oklahoma.gov/cosmo** |

**J. KEVIN STITT**

**Governor**

**Leah Longest**

**Board Chair**

Establishment Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_ Establishment Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Indicate the physical location where the mobile establishment is garaged. PO BOXES ARE NOT ACCEPTABLE.*

Is this Mobile Establishment garaged at the Applicant’s residence?  Yes  No

Date applicant will open or assume operation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ADD $10 PENALTY TO LICENSE FEE IF APPLICATION IS MADE AFTER THIS DATE.

In order to qualify for al license, ALL of the following conditions must be met.

Is the unit self-contained, self-supporting, and able to operate without connection to any outside utilities?  Yes  NoIs all furniture in the unit anchored?  Yes  No

|  |  |
| --- | --- |
| **OFFICE USE ONLY** | |
| County | Inspector |

Are all floors constructed of, or covered with, easily cleaned, hard surface, non-pervious floor covering?  Yes  No   
Is hot and cold running water available?  Yes  No   
Will signage be displayed on both sides of the unit?  Yes  No

UNIT MAY NOT BE USED FOR LIVING OR SLEEPING QUARTERS.

UNIT SHALL CEASE OPERATION IF THE FRESH WATER HOLDING TANK IS DEPLETED.

UNIT SHALL NOT BE OPERATED WHILE MOVING OR IN MOTION.

**APPLICANT INFORMATION**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hfff Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cvcsds City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Socia Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*RESIDENCE ADDRESS REQUIRED BY LAW (§59-199.3-B-3). PO BOX IS ACCEPTABLE*

Does the Applicant hold any other license with this Board?  Yes  No If yes, indicate Applicant’s File Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, a current photo of the Applicant and Affidavit Verifying Lawful Presence (Form 390) must accompany this application.

Is Applicant receiving government assistance, or at 140% or less of poverty level?  Yes  No If so, provide documentation.

*I solemnly swear that the foregoing statements are true and correct.*

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
*Signature of Applicant*

Subscribed and sworn before me this \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_ .

State of \_\_\_\_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_

Commission #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Seal Here

