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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 405.522.7624 · www.cosmo.ok.gov

J. KEVIN STITT
Governor

MALENA CURTSINGER
Executive Director

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.

Establishment Name: _____

Street Address: _____
Indicate the physical location where the mobile establishment is garaged. PO BOXES ARE NOT ACCEPTABLE.

City: _____ ZIP: _____ Establishment Telephone: _____

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 No

Is all furniture in the unit anchored? Yes No

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.

OFFICE USE ONLY	
County	Inspector

APPLICANT INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Home Address _____ Apt # _____
RESIDENCE ADDRESS REQUIRED BY LAW (§59-199.3-B-3). PO BOX IS ACCEPTABLE

City _____ State _____ ZIP _____

Social Security Number _____ Phone _____ Date of Birth: _____

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 _____





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**INSTRUCTIONS AND REQUIREMENTS FOR FORM 521
MOBILE ESTABLISHMENT LICENSE APPLICATION
REVISED AUGUST 2022**

FAILURE TO FOLLOW INSTRUCTIONS MAY RESULT IN REJECTION OR DENIAL OF THIS APPLICATION.

Mobile Establishment Requirements

- The establishment must be self-supporting, self-contained, and able to operate without connecting with outside utilities.
- The establishment may not provide chemical services. This includes chemicals used in facials, nails, and hair.
- All furniture in the establishment must be anchored.
- No part of the establishment may be used for living or sleeping quarters at any time.
- The establishment must have hot and cold running water, and shall not operate if the fresh water holding tank is depleted.
- The establishment shall not operate while the unit is moving or in motion.
- Signage must be displayed on the exterior of both sides of the unit.
- Records shall be maintained within the mobile unit regarding appointments, itineraries, and schedules. These will be made available at the time of inspection.
- Board licensees shall post individual licenses as required in Board Rule 175:10-7-17.
- Board established disinfection and safety standards shall be followed at all times the Establishment is providing services.
- Owner shall provide to the Board a quarterly itinerary (OSBCB Form 503) and schedule of places the unit shall be operating not later than the 10th day of the months of MARCH, JUNE, SEPTEMBER, AND DECEMBER. Itinerary and schedule shall include a list of licensees who shall be providing services in the unit.

Mobile Establishment License Application Information

The Establishment License Application must be completed and notarized.

Affidavit Verifying Lawful Presence is required unless the Applicant has already filed the Affidavit with this office and is a United States Citizen.

Applicants who are assuming operation of an existing establishment must submit a copy of either the Lease Agreement or the Bill of Sale from the previous owner.

Payment of the initial license fee, which includes \$5 for an Oklahoma State Board of Cosmetology and Barbering Rules and Statutes Book, must be enclosed with the application. Submit cashier's check or money order. Personal checks are not accepted.

Applicants who do not hold a current license issued by this Board must submit a current (newer than one year) full face photograph. A passport-size photo is recommended.

If the stated requirements are met, and the application is correct and complete, the Board will issue an Establishment license. This license is subject to approval by a State Inspector.

Under Oklahoma law, operating an establishment without a license is a misdemeanor. Applicants who have opened an establishment without applying for a license are subject to a \$10 penalty fee, and/or other legal recourse available to the Board of Cosmetology and Barbering.

Mobile Establishment owners who change their garage location are required to file a Change Order Request (Form 571) with the Board. Licensees are required to report changes in permanent mailing address to the Board immediately. Licensees who sell or close their establishments, either temporarily or permanently, must also notify the Board in writing immediately.