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OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING
ADVISORY BOARD ON MASSAGE THERAPY
2401 NW 23rd Street, Suite 74, Oklahoma City, OK 73107-2453
Establishment Department 405.521.2441 • Oklahoma.gov/cosmo

J. KEVIN STITT
Governor
Leah Longest
Board Chair

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

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 _____

