



State of West Virginia  
 Board of Barbers and Cosmetologists  
 Tel: 304.558.2924  
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 www.wvbcc.com

**PLEASE COMPLETE**  
**PAYMENT METHOD (CIRCLE ONE):**  
**CHECK            MONEY ORDER**  
**CHECK/MONEY**  
**ORDER #:** \_\_\_\_\_  
**CASH IS NOT ACCEPTED**

MAIL COMPLETED APPLICATION TO: WVBBCC; P.O. BOX 40235, CHARLESTON, WV 25364

**MOBILE SHOP OPENING AND LICENSE APPLICATION**

**TO THE APPLICANT:**

Pursuant to W. Va. Code, Chapter 30, Article 27, the Board shall be notified 20 days prior to opening a mobile shop. "Mobile Shop" means any self-contained, self-supporting, enclosed unit which is constructed in either a motorized vehicle or a towable trailer as a portable facility. Prior to opening a mobile shop, each mobile unit shall, at a minimum, be equipped with each of the following functioning systems:

- (1) A self-contained, potable water supply of not less than 100 gallons, and waste water collection tanks shall be of adequate capacity;
- (2) Continuous, on-demand hot water tanks which shall have not less than a six-gallon capacity;
- (3) A cooling and heating system sufficient to maintain a comfortable room temperature in the mobile shop during all hours of operation; and
- (4) An electronic device, capable of transmitting its location, as well as an identifying label or call sign, to the Board at all times. This device shall be in operation at all times that the mobile shop is open.

**REQUIRED DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION**

- ( ) \$90.00 Issuance/Inspection Fee
- ( ) If the mobile shop visits identified locations on a regular schedule, a copy of the schedule
- ( ) Photographs of the exterior of the mobile shop

**MOBILE SHOP INFORMATION-** Complete this section in its entirety. Incomplete applications will be returned.

**NOTE:** If you are an unlicensed business owner, you must provide your SSN or tax ID number in the SSN or License # field. Manager must hold a valid license or other authorization to practice barbering, cosmetology, or other cosmetology-related services in the State of West Virginia. If there is more than one owner/manager, please provide their name and SSN or License # on another page.

Anticipated Opening Date: \_\_\_\_\_

Electronic device to be used to transmit location: \_\_\_\_\_

Type of Mobile Shop - check one: ( ) Barber/Beauty ( ) Nail/Manicuring ( ) Beauty ( ) Barber ( ) Aesthetics/Waxing

Name of Shop: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Owner Name: \_\_\_\_\_ SSN or License #: \_\_\_\_\_

Manager Name: \_\_\_\_\_ SSN or License #: \_\_\_\_\_

Type of Application - check one: ( ) New Mobile Shop ( ) Owner Change ( ) Mobile Shop Name Change

If this is NOT a New Mobile Shop, please complete the information below about the previous mobile shop:

Name of Shop: \_\_\_\_\_ License #: \_\_\_\_\_ Date Closed: \_\_\_\_\_

By signing below, I affirm that the required documentation and information submitted with this application is true in every respect.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ELECTRICAL CERTIFICATION STATEMENT-** This portion must be completed by a licensed electrician.

By signing below, I certify that the electrical wiring within the mobile shop named above is adequate to the proposed usage of the unit.

Electrician Name: \_\_\_\_\_ Date Inspected: \_\_\_\_\_ Phone #: \_\_\_\_\_

Electrician Signature: \_\_\_\_\_ Address: \_\_\_\_\_ License #: \_\_\_\_\_