



Board of Barbers and Hairdressers

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfBarbersHairdressers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

Mobile Unit Shop Owner License Application Instructions

Please read the instructions before completing the application. Any section of the application that is not complete or not submitted will delay the issuance of your license. **Emailed applications will not be accepted.**

The following must be received by the division before your application for Mobile Unit Shop Owner License can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4462, pages 1-3).

2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.140.

Nonrefundable Application Fee: \$150.00

Shop Owner License Fee: \$260.00

Total Fees Due: \$410.00

3. CERTIFICATE OF COMPLIANCE

For shops that perform hairdressing, barbering, manicuring or esthetics, a signed statement certifying that the owner and the shop comply with the Alaska Department of Environmental Conservation's sanitary health requirements outlined in 18 AAC 23. The booklet can be found on the Board's webpage at ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers.

Please review pages 1-11 of the booklet and confirm that you are in compliance with the regulations by submitting the signed and notarized certification page included in this application (form #08-4462a).

4. STATEMENT OF SERVICES

A statement detailing the type of services to be provided.

Note: A mobile unit must be transported to where services will be provided. Clients must be able to physically enter the mobile unit for service(s).

A shop owner license for a "mobile unit" can only be issued to individuals performing hairdressing, barbering, esthetics or manicuring services.

If the shop owner is not a licensed hairdresser, barber, esthetician, or nail technician/manicurist in the State of Alaska, the shop owner may not conduct business without employing a manager who is currently licensed as a hairdresser, barber, esthetician, or nail technician/manicurist in the State of Alaska.

A shop owner shall have a separate shop owner license for each shop owned.

All shop owners are also required to have a current Business License which is separate from a shop owner license. Please contact the Business Licensing Section at (907) 465-2550 in Juneau; (907) 269-8160 in Anchorage.

A shop owner license is not transferable to another person. The buyer, lessee, or transferee must apply for and be issued a new shop owner license, under this section, before conducting business.

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on August 31 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

PROFESSIONAL FITNESS QUESTIONS:

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

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Mobile Unit Shop Owner License Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$150.00
	<input type="checkbox"/> Mobile Unit Shop Owner License Fee	\$260.00

PART II Business Type

Ownership Type:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC/LLP
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Sole Proprietorship and Partnerships

Full Legal Name:	Last	First	Middle
Mailing Address:	P.O. Box or Street	City	State Zip
SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			Date of Birth:

(Attach additional information for partners, if needed)

Full Legal Name:	Last	First	Middle
Mailing Address:	P.O. Box or Street	City	State Zip
SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			Date of Birth:

Corporations, LLCs and LLPs

Corporation or LLC/LLP Name:			
Mailing Address:	P.O. Box or Street	City	State Zip
AK Corporation / Entity Number:	This is not your business license or professional license.		

PART III Mobile Unit Shop Information

Check all services to be provided in the mobile unit.

- Barbering
 Esthetics
 Hair Braiding
 Hairdressing
 Manicuring
 Non-Chemical Barbering

Doing Business As: (DBA)		Phone Number:	
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Physical Address: (Where mobile unit will be parked when not in service.)	Street	City	State	Zip
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EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.

Email Address:	Select One: <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
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Note: If both boxes are selected above, you will receive correspondence electronically.

PART IV Owner Information

Practitioner License Number:	Phone Number:
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NOTE: If the shop owner is not an Alaska licensed practitioner you must provide the name and license number of the licensed practitioner who is employed as the manager:

Name of Manager:	License Number:
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Do you own other shops? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Shop Owner License Number(s):
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Has the shop been inspected by local city health department within the last 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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The original or copy of the report must be submitted before a license will be issued. The mobile unit must also be inspected by the city's health department where the services will be provided.



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Notary Signature Page

PART V Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Certification of Compliance with 18 AAC 23

For shops not providing tattooing, body piercing, or permanent cosmetic coloring. This form must be completed to show compliance with 18 AAC 23 and 12 AAC 09.110(a)(7). If the owner is a partnership, all partners must sign the form.

PART I Mobile Shop Information

Form with fields for Name of Owner(s) (Last, First, Middle), Name of Shop, and Shop Physical Address (Street, City, State, Zip).

PART II Notarized Signature

The above owners certify to have read 18 AAC 23, Environmental Health Safety Requirements, which pertains to Hair and Body Art Schools and Shops. It is understood that by signing this certification I/we are in compliance with the environmental health safety requirements of 18 AAC 23 and will remain so at all times while holding a shop or school license for barbering, hairdressing, esthetics or manicuring issued by the Board of Barbers and Hairdressers.

I/we understand the Division may deny, suspend or revoke the license of a person who has obtained or attempted to obtain a license by fraud or deceit. The person may also be subject to criminal charges for unsworn falsification under Alaska Statute 11.56.210.

Notarized Signature section for Applicant #1, including fields for Notary Stamp, Applicant #1 Printed Name, Applicant #1 Signature, Notary Public for State of, Notary Signature, Subscribed and Sworn to Before me on this Day, and My Commission Expires.

PART III Notarized Signature (If Partners)

Notarized Signature section for Applicant #2, including fields for Notary Stamp, Applicant #2 Printed Name, Applicant #2 Signature, Notary Public for State of, Notary Signature, Subscribed and Sworn to Before me on this Day, and My Commission Expires.



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>