



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12088 - Austin, Texas 78711-2157

1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871

http://www.license.state.tx.us - cosmetologists@license.state.tx.us

APPLICATION FOR:

Texas Cosmetology Booth Rental License

PURSUANT TO TITLE 9, OCCUPATIONS CODE, CHAPTER 1602

Table with 6 columns: FEE, RECEIPT NUMBER, EVENT CODE, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: License Fee, \$67.00

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

1. Applicant's Full Name:

Last (Family Name) First (Given Name) Middle

2. Applicant's Social Security No.:

Note: If you have a Social Security Number, Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filing an application.

3. Date of Birth: Month Day Year 4. Gender: MALE FEMALE (circle one)

5. Applicant's Mailing Address and Contact Information: (USED FOR ALL CORRESPONDENCE)

Number, Street and Apt. No. - OR - P.O. Box Number

City State Zip Code Country () Area Code Phone Number

FAX Number: () Area Code Phone Number E-mail Address (johndoe@aol.com for example)

6. License Number and Expiration Date:

#: Exp.:

7. License: (circle one)

Operator Manicurist Instructor Facialist Hair Braiding Hair Weaving Wig Specialist

Note: To receive a Booth Rental License, you must submit a \$67.00 cashiers check or money order.

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Texas Occupations Code, Title 9, Chapter 1602 and 1603; Tex. Admin. Code, Chapter 60; and the Cosmetology Administrative Rules, Tex. Admin. Code, Title 22, Chapters 83, 85 and 89. I understand that providing false information on this application may result in revocation of the license I am requesting and the imposition of administrative penalties.

Date Signed

Applicant's Signature

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