



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 Salon License

PURSUANT TO TITLE 9, OCCUPATIONS CODE, CHAPTER 1602

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

Table with 6 columns: FEE, RECEIPT NUMBER, EVENT CODE, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: License Fee, \$106.00

License #

DO NOT WRITE ABOVE THIS LINE

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

1. Salon Name (List two choices):

A. \_\_\_\_\_ B. \_\_\_\_\_

- 2. Salon Type: Beauty Salon Manicure (only) Facial (only) Facial/Manicure (Circle One) Wig Salon Hair weaving/Braiding Braiding Salon

3. Opening Date (Change of Owner Date): \_\_\_\_\_

4. Normal Business Days and Hours Open: Days: \_\_\_\_\_ Hours: \_\_\_\_\_

5. Salon'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. Salon's Physical Address:

Number, Street and Suite No.

City State Zip Code Country ( ) Area Code Phone Number

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

7. Is this shop a licensed Barber Shop as well: (circle one) Yes No

If "YES" list the Barber Shop Permit Number: \_\_\_\_\_

8. List license number & license type of the person performing services:

License Number(s): \_\_\_\_\_ License Type(s): \_\_\_\_\_

(If a Facial/Manicure Salon, you MUST list both facial license & manicure license numbers OR list one operator license number.)

9. Organization Type: (circle one) Sole Proprietorship Corporation Limited Partnership

Limited Liability Company

Limited Liability Partnership

THIS FORM CONSISTS OF 2 PAGES.

10. Owner/Corporation Name: \_\_\_\_\_

11. Owner Social Security No. or Corporation Federal ID No. \*: \_\_\_\_\_

If a corporation, are your state franchise taxes current? (circle one)                      **YES**                      **NO**

If you are exempt from state franchise taxes, please state reason:  
\_\_\_\_\_

12. Owner/Corporation 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)

13. Additional Owner Mailing Address and Contact Information: (if necessary)

\_\_\_\_\_  
Last                      First                      Middle

\_\_\_\_\_  
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)

14. Required for a salon license:

**Checking the box certifies that I will not open for business until I have met all requirements for opening a salon and have received the salon license.**

### STATEMENT OF APPLICANT(S)

I certify that I will comply with all applicable provisions of the Texas Occupations Code, Title 9, Chapters 1602 and 1603; Tex. Admin. Code, Chapter 60; the Cosmetology Administrative Rules, 16 Tex. Admin. Code, Chapter 83 and Tex Occupational Code Chapter 51. 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

\_\_\_\_\_  
Signature of Owner or Corporate Officer

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Owner or Corporate Officer

**\*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. The SSN that is provided is confidential and is required to enforce Child Support orders.**

### REQUIREMENTS FOR ALL SALONS

1. Minimum working floor space - 150 square feet for first licensee and not less than 30 square feet for each additional licensee. Dispensary, reception areas, restrooms, utility, heating and/or cooling facilities, and retail floor space is not included as working floor space
2. All floors in areas where services under the Act are performed, including restrooms and areas where chemicals are mixed or where water may splash, must be of a material which is not porous or absorbent and is easily washable, except that anti-slip applications or plastic floor coverings may be used for safety reasons. Carpet is permitted in all other areas.
3. Sink with hot and cold running water
4. Every establishment shall provide at least one restroom located on or near the premises of the establishment. For public safety, chemical supplies shall not be stored in the restroom.
5. Identifiable sign, with the salon's name, must be displayed
6. A suitable receptacle for used towels/linen
7. One wet disinfectant soaking container
8. A clean, dry, debris-free storage area
9. A minimum of one covered trash container
10. Licensed premises shall eliminate any strong odors through adequate ventilation, including but not limited to, exhaust fans and air filtration to exhaust chemicals and fumes away from the public area and to provide for the input of fresh air.
11. Licensed premises shall not be utilized for living or sleeping purposes, or any other purpose that would tend to make the premises unsanitary, unsafe, or endanger the health and safety of the public. An establishment that is attached to a residence must have an entrance that is separate and distinct from the residential entrance, Any door between a residence and a licensed facility must be closed during business hours.
12. If manicure or pedicure services are provided the salon must have a Department approved sterilizer.
13. Copy of current law and rule book.

PLEASE NOTE: No cosmetology establishment shall, in any manner represent or permit representation to be made in its behalf that it is a barbershop, whether made by use of a display or device similar to a barber pole or otherwise. It may, however, advertise that services for males are available, with the exception of trimming and/or shaving beards or mustaches.

### ADDITIONAL REQUIREMENTS BY SPECIALTY

#### BEAUTY SALON

(FOR EACH LICENSEE PRESENT AND PROVIDING SERVICES)

One working station  
One styling chair  
A sufficient amount of shampoo bowls  
One hand-held hair dryer, or hood dryer with  
Or without chair

A Department approved sterilizer if providing manicure or pedicure services

#### MANICURE /FACIAL SALON:

All requirements for manicure AND facial salons

#### WIG SALON

(FOR EACH LICENSEE PRESENT AND PROVIDING SERVICES)

One mannequin table, station or styling bar to accommodate a minimum of 10 hairpieces  
One wig dryer  
Two canvas wig blocks

**MANICURE SALON**  
**(FOR EACH LICENSEE PRESENT AND PROVIDING SERVICES)**

One manicure table with light  
One manicure stool  
One professional client chair for each manicure station  
A Department Approved Sterilizer

**HAIR BRAIDING SALON**  
**(FOR EACH LICENSEE PRESENT AND PROVIDING SERVICES)**

One work station  
One styling chair

**FACIAL SALON**  
**(FOR EACH LICENSEE PRESENT AND PROVIDING SERVICES)**

One facial couch/chair  
One mirror

**HAIR WEAVING SALON**  
**(FOR EACH LICENSEE PRESENT AND PROVIDING SERVICES)**

One work station  
One styling chair  
A sufficient amount of shampoo bowls for licensees providing hair weaving services  
One chair dryer/handheld dryer for each three licensees providing hair weaving services.

**INDEPENDENT CONTRACTORS**

Salons may lease space to an independent contractor who holds a booth rental (independent contractor) license. The lessor (salon owner) to an independent contractor must maintain a list of all renters that includes the name of the renter and the cosmetology license number of the renter. The lessor (salon owner) must supply the department inspector with a list of renters upon request.

10-11-07



# **COMPLAINTS**

**To Report Complaints Regarding Licenses, Sterilization, or Sanitation,**

**Contact:**

**Texas Department of Licensing  
& Regulation**

**P.O. Box 12157**

**Austin, Texas 78711**

**800-803-9202 or (512)-463-2906**

**[www.license.state.tx.us/complaints/](http://www.license.state.tx.us/complaints/)**