

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 Mobile Salon License

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

PURSUANT TO TITLE 9, OCCUPATIONS CODE, CHAPTER 1602

	FEE	RECEIPT NUMBER	EVENT CODE	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE								
	License Fee			\$106.00										
		DO	NOT W	RITE ABO	OVE THI	SIINE								
		NOTE: ALL					N INK.							
1.	Business Name (List two choices):													
	A B													
2.	Type of E	Business: Beauty Salo	on Mar	nicure (only)	Facial (o	nly)								
	(Circle On	e) Facial/Manicure W	ig Salon	Hair Weavin	g Hair Braid	ding								
3.	Opening	Date (Change of Own	er Date):											
4.	Normal E	Business Days and Ho	urs Open:	Days:			_ Hours:							
5.	. Permanent 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 Numbe													
	•	oer: ()					There italiae							
	1700 Name	Area Code Phone N					@aol.com for example)							
6.	Permane	nt Physical Address w	vhere unit	t is located	when not	in use:								
	Number, Street and Suite No.													
	City	State				(Area Co	,							
	FAX Numb	per: () Area Code Phone N				dress (johndoe	@aol.com for example)							

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

8. What means will be utilized to enable the Department to track the location of the mobile unit?

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

Limited Liability Company

_License Type(s):__

Limited Liability Partnership

THIS FORM CONSISTS OF 2 PAGES.

License Number(s):

Global Positioning System

Submit to the Department, a weekly itinerary showing the dates, exact locations, and times of service to be provided.

9.	Owner/Corporation I	lame:				_							
10.	Owner Social Securit	y No. or Corpo	ration Federa	II ID No.*:									
lfa	If a corporation, are your state franchise taxes current? (circle one) YES NO												
lfy	If you are exempt from state franchise taxes, please state reason:												
11.	Owner/Corporation N	Mailing Addres	s and Contact	Information: (USED FOR ALL COR	RESPONDENCE)							
	Number, Street and Apt. No OR - P.O. Box Number												
					()								
	City St	ate Zip (Code Cour	ntry	Area Code Phone	Number							
	FAX Number: ()		_									
	Area Code	Phone Number		E-mail Address	(johndoe@aol.com for e	xample)							
12.	Additional Owner Ma	iling Address a	and Contact I	nformation: (if r	necessary)								
	Last	First		Middle									
	Number, Street and Apt. No.	- OR - P.O. Box	Number										
					(
	City St	ate Zip (Code Cour	ntry	Area Code Phone	Number							
	FAX Number: ()		-									
	Area Code	Phone Number		E-mail Address	(johndoe@aol.com for e	xample)							
	have	ing the box	iirements f		open for busine salon and have								
		STATEM	IENT OF A	PPLICANT	(S)								
Adm Chap	tify that I will comply with in. Code, Chapter 60; the Co eter 51. I understand tha esting and the imposition o	osmetology Admir t providing false i	nistrative Rules, Information on t	16 Tex. Admin. Coo	le, Chapter 83 and Tex	Cocupational Code							
	Date Signed			Signature of Owner or Co	porate Officer								
	Date Signed			Signature of Owner or Co	rporate 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.

Mail to: P.O. Box 12157, Austin, TX 78711

TDLR Mobile Shop/Salon Itinerary

FAX to: (512) 463-2951

Week Of:	Shop/Salon Name:
Cell or Mobile Telephone:	License Number:

7:00	6:00	5:00	4:00	3:00	2:00	1:00	12:00	11:00	10:00	9:00	8:00]
												Address& City	Sun	(EXAMPLE:
												Address & City	Mon	WEEK OF: January 1
												Address & City	Tue	(EXAMPLE: WEEK OF: January 1 through January 7, 2008)
												Address & City	Wed	8)
												Address & City	Thu	
												Address & City	Fri.	
												Address & city	Sat	

TEXAS DEPARTMENT OF LICENSING AND REGULATION

Cosmetology Program
P.O. Box 12088 • Austin, Texas 78711 • (512) 463-6599 • (800) 803-9202 • fax (512) 463-2951
Web site: www.license.state.tx.us

MOBILE COSMETOLOGY SALON REQUIREMENTS

- 1. Mobile unit must be self-contained, as defined in (§83.10(21)(TAC), self-supporting, and enclosed.
- 2. Exterior sign must be on both sides of the unit and contain the shop name and shop license number
- Maintain a permanent physical address and mailing address; must notify Department within 10 days of an address change.
- 4. A mobile shop shall either:
 - a) Have a Global Positioning System (GPS) tracking device that enables the department to track the location of the mobile shop over the internet and meet the following requirements:
 - i) The device shall be on board and functioning at all times the mobile shop is in operation or open for business
 - ii) The mobile shop shall provide the department with all information necessary to track the shop over the internet; OR
 - b) submit to the department, in a manner specified by the department, a weekly itinerary showing the dates, exact locations, and times of service to be provided.
 - i) The license holder shall submit the itinerary not less than 7 calendar days prior to the beginning of the service described in the itinerary and shall submit to the department any changes in the itinerary not less than 24 hours prior to the change.
 - ii) A mobile shop shall follow the itinerary in providing service.
- 5. Furniture anchored to the mobile unit
- 6. All chemicals in the mobile shop shall be stored in cabinets secured with safety catches and shall be stored separate and apart from other articles or equipment in the shop.
- 7. Water heater that provides fresh, hot water continuously and on demand.
- 8. Mobile unit shall have a fresh water tank holding a sufficient amount of fresh water to perform the day's business. If a mobile unit's fresh water is depleted, operation must cease until the supply is replenished.
- 9. A functioning restroom within its perimeter, including a self-contained, flush toilet with holding tank. For public safety, chemical supplies shall not be stored in the restroom.
- 10. Department approved sterilizer if manicure/pedicure services are provided.
- 11. Vehicle identification numbers of the mobile unit shall be kept within the unit and made available for inspection by department personnel.
- 12. No services may be performed outside the mobile shop or while the mobile shop is in motion.

Requirements for all Salons

- 1. Minimum working floor space 150 square feet for the 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 other 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 maybe used for safety reasons. Carpet is permitted in all other areas.

- 3. Sink with hot and cold running water.
- 4. A suitable receptacle for used towels/linen
- 5. One wet disinfectant container
- 6. A clean, dry, debris-free area
- 7. A minimum of one covered trash container
- 8. Copy of the current law and rules book.
- 9. 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 public area and to provide for the input of fresh air.
- 10. A mobile unit shall not be used as a residence or for any other purpose besides providing cosmetology services.
- 11. Food or beverages shall not be prepared on licensed premises for sale. Pre-packaged food or beverages may be sold to or consumed by clients.

Additional Requirements by Speciality

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 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

MANICURE/FACIAL SALON

All requirements for manicure AND facial salons.

WIG SALON (FOR EACH LICENSEE PRE-SENT AND PROVIDING SERVICES)

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

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/hand held dryer for
each three licensees providing hair
weaving services



COMPLAINTS

To Report Complaints Regarding Licenses, Sterilization, or Sanitation,

Contact:

Texas Department of Licensing & Regulation

800-803-9202 or (512)-463-2906 Austin, Texas 78711 P.O. Box 12157

www.license.state.tx.us/complaints/