



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

MINI-ESTABLISHMENT LICENSE APPLICATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. MINI-ESTABLISHMENT NAME - The name of your mini- **establishment** as it should appear on your mini-establishment license. (maximum of 40 characters including spaces and no punctuation)
2. MINI-ESTABLISHMENT TYPE - Check the box of the type of mini- establishment you want to open. To change the mini-establishment type a new application and fee must be submitted.
3. ESTIMATED OPENING DATE - The date the mini-establishment is expected to open or the date you became the new owner. An establishment cannot operate prior to the license being issued.
4. MINI-ESTABLISHMENT MAILING ADDRESS - The address where you receive business mail. This address can be a post office box. Always keep your mailing address current with the Texas Department of Licensing and Regulation (TDLR).
5. PHONE NUMBER – Provide the phone number for the mini-establishment.
6. EMAIL ADDRESS - By providing the mini-establishment email address you agree to receive communications and required notices by email and to keep a valid email address on file. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
7. ESTABLISHMENT GALLERY NAME - Provide the name of the **establishment** gallery. The **establishment** gallery is the multi-suite facility.
8. ESTABLISHMENT GALLERY LICENSE NUMBER – To apply for a mini-establishment license, the Establishment Gallery's license number must be active.
9. ESTABLISHMENT GALLERY PHYSICAL ADDRESS - The physical address of the establishment gallery. This is the physical location of the establishment gallery. A post office box cannot be used for this address.
10. ROOM OR SUITE NUMBER ASSIGNED TO YOU - Provide the room or suite number your mini-establishment will occupy within the establishment gallery. This is typically stated in the lease agreement.
11. TYPE OF OWNERSHIP - Check the box that indicates how your business is organized. For help with types of ownership, visit the [Secretary of State](#) on their website. Example: Corporation, LLC, Partnership, etc.
12. BUSINESS OR SOLE PROPRIETOR/PARTNER 1 INFORMATION - The business name as registered with the Secretary of State and/or IRS. Provide the Federal Tax ID number as registered with the IRS. SOLE PROPRIETORS and GENERAL PARTNERS should provide their name, social security number, and date of birth in the provided space. Include your mailing address and other requested information. Social security number disclosure is required by the [Texas Family Code](#) to obtain a license. If you do not have a Social Security Number, you must complete and submit the [Social Security Number Status Certification](#) form. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).
13. BUSINESS CONTACT/PARTNER 2 INFORMATION (if applicable) - Provide the business contact or additional partner's information that own at least 25 percent of this business. See item 12 for information on social security number disclosure and item 6 for information on email disclosure.
14. ACKNOWLEDGEMENT OF APPLICANT - Carefully read the acknowledgement before you sign and date your application.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [TDLR website](#) or reach Customer Service via [webform](#). The web form will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 [in state only], (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

TDLR PUBLIC INFORMATION ACT POLICY:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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MINI-ESTABLISHMENT LICENSE APPLICATION

ALL REQUIREMENTS MUST BE COMPLETED WITHIN 12 MONTHS OF THE FILING DATE, OR

A NEW APPLICATION AND FEE WILL BE REQUIRED.

APPLICATION FEE: \$70 (FEE IS NON-REFUNDABLE)

PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR

MINI-ESTABLISHMENT TYPE

1. **Mini-Establishment Name:** (40 character limit with spaces)

2. **Mini-Establishment Type (check only one):**

Full-Service Establishment

Manicurist (only)

Esthetician (only)

Manicurist/Esthetician

Hair Weaving

Eyelash Extension

3. **Estimated Opening Date:**

MINI-ESTABLISHMENT CONTACT INFORMATION

4. **Mini-Establishment Mailing Address:** (USED TO RECEIVE MAIL FROM TDLR)(A PO box is allowed for this address)

Number, Street Name, Suite Number/Apartment Number

City

State

Zip Code

5. **Phone Number:**

(Area Code) Phone Number

6. **Email Address:**

(Ex: johndoe@aol.com) See instruction sheet for disclosure information

ESTABLISHMENT GALLERY PHYSICAL LOCATION

You must provide the Establishment Gallery License Number

7. **Establishment Gallery Name:**

8. **Establishment Gallery License #:**

(Provide if you are applying for a mini- license.)

9. **Establishment Physical Address:** (PO box is not allowed for this address.)

Number, Street Name, Suite Number/Apartment Number

City

State

Zip Code

10. **Room or Suite Number assigned to you: (REQUIRED)**

OWNERSHIP INFORMATION

11. **Type of Ownership:**

*Sole Proprietorship

*Corporation

*Limited Liability Company

*General Partnership

*Limited Liability Partnership

*Limited Partnership

12. Social Security Number required in item 8.

*Must provide a Federal Tax ID number in item 12.

**LIST ALL OWNERS WITH 25% OR MORE OWNERSHIP OF THIS BUSINESS.
ATTACH ADDITIONAL PAGES IF NEEDED.**

12. BUSINESS OR SOLE PROPRIETOR INFORMATION

Sole Proprietor/Partner 1 Name:		% Ownership:	
Business or Sole Proprietor/Partner 1 Mailing Address:			
Number, Street Name, Suite Number/Apartment Number		City	State Zip Code
Business or Sole Proprietor/Partner 1 Social Security Number or Federal Tax ID Number: (See instruction sheet for disclosure information)		Sole Proprietor/Partner 1 Date of Birth: (MM/DD/YYYY)	
Practitioner's License # (if applicable):			
Phone Number:		Email Address:	
(Area Code) Phone Number		(Ex: johndoe@aol.com) See instruction sheet for disclosure information	

13. BUSINESS CONTACT/PARTNER 2 INFORMATION (if applicable)

Business Contact/Partner 2 Name:		% Ownership:	
Business Contact/Partner 2 Mailing Address:			
Number, Street Name, Suite Number/Apartment Number		City	State Zip Code
Partner 2 Social Security Number or Federal Tax ID Number: (See instruction sheet for disclosure information)		Partner 2 Date of Birth: (MM/DD/YYYY)	
Practitioner's License # (if applicable):			
Business Contact/Partner 2 Phone Number:		Business Contact/Partner 2 Email Address:	
(Area Code) Phone Number		(Ex: johndoe@aol.com) See instruction sheet for disclosure information	

14. ACKNOWLEDGEMENT OF APPLICANT

I acknowledge that I will comply with all applicable provisions of the Texas Occupational Code, Chapters 51 and 1603; Texas Administrative Code, Chapter 60; and 16 Texas Administrative Code, Chapter 83. I also certify that I will not open for business until I have met all requirements for opening an establishment and have received the establishment license.

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.

Owner or Corporate Officer Signature

Date Signed

Owner or Corporate Officer Signature

Date Signed

REQUIREMENTS FOR ESTABLISHMENTS

Requirements can be found in the Barbering and Cosmetology Rules on the [Secretary of State's](#) website.

Mini-Establishment Conditions:

1. Floors made of non-porous, easily washable, material in areas where chemicals are mixed and where water may splash. Anti-slip or plastic floor coverings may be used for safety reasons.
2. Floors, ceilings, shelves, furniture, furnishings, and fixtures clean and in good repair (no cracks).
3. Plumbing fixtures, including toilets and wash basins, kept clean and in good repair.
4. Hot and cold running water within the areas where work is being done and supplies dispensed.
5. A container large enough to fully immerse all tools and implements with liquid disinfectant.
6. Food and drinks shall not be prepared and sold for client consumption.
7. Adequate ventilation to exhaust any chemicals or strong odors from the public area and to provide fresh air.
8. Not used for living or sleeping quarters
9. Autoclave, dry heat sterilizer, or ultraviolet sanitizer, if manicure or pedicure services are provided in the shop.
10. Only service animals are allowed in establishments.
11. Separated by a solid wall and separate door from restaurant or food preparation area.
12. Separate entrance if attached to a residence. Any door between and residence must be closed during business hours.
13. Not used for any purpose that would tend to make the premises unsanitary, unsafe, or endanger the health and safety of the public.

Required Posters, Forms, and Lists:

1. Practitioner's license displayed near the workstation or made available at the reception area.
2. Mini-Establishment business license.
3. [Establishment Sanitation Rules \(PDF\)](#)
4. [Consumer Complaint Sign \(PDF\)](#)
5. [Human Trafficking Sign \(PDF\)](#)
6. List of all licensees and permits of all employees and independent contractors (booth renters).

Other Requirements:

1. A mini-establishment providing barbering, cosmetology or specialty services must have an Establishment License.
2. Only a licensed barber practitioner may shave a beard or mustache or use a razor without a guard to outline the hair or shave the back of the neck.
3. Establishments must follow all local ordinances and requirements (example: fire codes and occupancy limits).
4. Licensees may not use or possess any of the following substances or products in performing barbering and cosmetology services.
 - a. Methyl Methacrylate Liquid Monomers (also known as MMA).
 - b. Razor-type callus or corn shavers intended to cut growths of skin such as corns and calluses (example: credo blades).
 - c. Alum or other astringents in stick or lump form. Powder or liquid is permissible.
 - d. Fumigants such as Formalin (formaldehyde tablets).

United States Food and Drug Administration (FDA) – Related

5. Licensees shall not use any product in providing a service authorized under the Act that is banned or deemed to be poisonous or unsafe by the FDA or other local, state, or federal governmental agencies responsible for making such determinations.
6. Possession or storage on licensed premises of any item banned or deemed to be poisonous or unsafe by the FDA or other governmental agencies shall be considered *prima facie* evidence of its use.
7. For the purpose of performing services authorized under the Act, no licensee shall buy, sell, use, or apply to any person, liquid monomeric methyl methacrylate (MMA), a chemical banned for use in nail services by the FDA.

ADDITIONAL REQUIREMENTS BY SPECIALTY

FULL SERVICE MINI-ESTABLISHMENT

FOR PRACTITIONERS PRESENT AND PROVIDING SERVICES

- One working station
- One styling chair
- A sink in an area where services are provided or sufficient amount of shampoo bowls if providing shampooing or chemical services.

EYELASH EXTENSION SPECIALTY

MINI-ESTABLISHMENT

FOR PRACTITIONERS PRESENT AND PROVIDING SERVICES

- One facial bed or massage table all of which must allow the consumer to lie completely flat
- One lamp
- One stool or chair
- One mirror

MANICURE SPECIALTY MINI-ESTABLISHMENT

FOR PRACTITIONERS PRESENT AND PROVIDING SERVICES

- One manicure station with sufficient lighting
- One manicure chair or stool
- One client chair for each manicure station
- Autoclave, dry heat sterilizer, or ultraviolet sanitizer

HAIR WEAVING SPECIALTY MINI-

ESTABLISHMENT

FOR PRACTITIONERS PRESENT AND PROVIDING SERVICES

- One workstation
- One styling chair
- One chair dryer or handheld dryer
- A sufficient amount of shampoo bowls for

ESTHETICIAN SPECIALTY MINI-ESTABLISHMENT

FOR PRACTITIONERS PRESENT AND PROVIDING SERVICES

- One facial bed or chair
- One mirror

MANICURE/ESTHETICIAN SPECIALTY MINI-ESTABLISHMENT

FOR PRACTITIONERS PRESENT AND PROVIDING SERVICES

- The requirements for establishments providing manicure services
- The requirements for establishments providing esthetician services

INDEPENDENT CONTRACTORS

An establishment may lease space to an independent contractor who is a practitioner. The lessor to an independent contractor practitioner must maintain a list of all renters that includes the name and the license number of the renter. The lessor must supply the department representative with a list of renters upon request.

A mini-establishment license holder must maintain the name, license number, and license expiration date of each person working in the mini-establishment.



COMPLAINTS

Complaints can be filed by mail to:

**Texas Department of Licensing & Regulation
Attention: Enforcement Division
P.O. Box 12157
Austin, Texas 78711**

**or email to:
Intake@tdlr.texas.gov**

**or file online at:
www.tdlr.texas.gov/complaints**

Toll-free (in Texas): (800) 803-9202