



TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12157 • Austin, Texas 78711-2157
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
www.tdlr.texas.gov • cs.cosmetologists@tdlr.texas.gov

COSMETOLOGY SALON LICENSE APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with a cashier's check or money order on top. **Do not use staples.**

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

1. SALON NAME - Write the name of your salon as it should appear on your salon license. (maximum of 40 characters)
2. SALON TYPE - Check the box of the type of salon you want to open. Once your license has been issued, you can only change the salon type by applying for a new license.
3. SALON'S MAILING ADDRESS - Write your current business mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately. Always keep your mailing address current with TDLR. A license renewal notice will be mailed to your address of record before the date your license will expire.
4. PHONE NUMBER - Write a telephone number, including the area code, where we can reach you or leave a message for you during the day.
5. EMAIL ADDRESS - Write your email address. By providing my email address I authorize Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
6. SALON'S PHYSICAL ADDRESS - Write the physical address of your salon. A post office box cannot be used for this address. Once your license has been issued, you can only change the salon's physical address by applying for a new license.
7. FAX NUMBER - Write a fax number, including the area code, where we can send you faxes.
8. PHONE NUMBER - Write a phone number, including the area code, where we can reach you or leave a message for you during the day.
9. TYPE OF OWNERSHIP - Check the box that indicates how your business is organized. You can find a description of the various types of business structures at www.sos.state.tx.us/corp/businessstructure.html.
10. Owner Information - Write the owner information of your business. If this business is a SOLE PROPRIETORSHIP, write your name, social security number, and date of birth in the provided space. Also include your mailing address and other requested information.

Social security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. 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 at: www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.

See item 5 for information on email disclosure.

11. ADDITIONAL OWNERS' INFORMATION - Write the additional owners' information of all persons or entities that owns at least 25 percent of this business. See item 10 for information on social security number disclosure and item 6 for information on email disclosure.
12. STATEMENT OF APPLICANT - Carefully read the statement before you date and sign your application.

Texas Education Code §57.491 prohibits state agencies from renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the Trellis Company unless the licensee has entered into a repayment agreement. The Trellis Company is formerly known as Texas Guaranteed Student Loan Corporation, TGSLC, or TG. The Trellis Company website is www.trelliscompany.org and they can be contacted by email at collections@trelliscompany.org, by phone at (800)252-9743 or (512)219-5700, or by mail at Trellis Collections, PO Box 659602, San Antonio, TX 78265-9602.

If you are not sure which organization issued your student loan or is your loan servicer, you can contact the Department of Education's National Student Loan Data System (NSLDS) for a centralized view of your financial aid. Their website is www.NSLDS.ed.gov and their phone number is 800-433-3243.



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COSMETOLOGY SALON LICENSE APPLICATION

Do Not Write Above This Line

YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

APPLICATION FEE: \$106 (FEE IS NON-REFUNDABLE)

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

ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK

1. Salon Name:

2. Salon Type: Beauty Salon Manicure (only) Esthetic (only) Esthetic/Manicure
 (Check one only)
 Wig Salon Weaving Eyelash Extension Salon

3. Salon's 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 _____

4. Phone Number:

(_____) _____
 Area Code Phone Number

5. Email Address:

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

6. Salon's Physical Address: (A PO box is **not** allowed for this address.)

Number, Street Name, Suite Number

City _____ State _____ Zip Code _____

7. FAX Number:

(_____) _____
 Area Code Phone Number

8. Phone Number:

(_____) _____
 Area Code Phone Number

9. Type of Ownership: (check only one box for the type of ownership)

COMPLETE THE APPROPRIATE SECTION FOR THE APPLICABLE SALON. INCOMPLETE FORMS WILL DELAY THE APPLICATION PROCESS.

For information concerning the Texas Secretary of State (SOS) file number call 512-463-5555 or 800-252-1381, or 800-252-1381, or visit: www.sos.state.tx.us. The Federal Employer Identification Number (FEIN) also known as "Federal Tax ID Number" is a 9-digit number assigned by the Internal Revenue Service (IRS).

Sole Proprietor: (One individual)

Name: _____

Social Security Number
 or Federal Tax ID: _____ - _____ - _____

Owner Date
 of Birth: _____

Phone #: _____

Area Code Phone Number

Email Address: _____

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

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 _____

Partnership: (Two or more individuals) (For Additional Partners Complete Another Sheet)

Name OF Partner #1: _____

Social Security Number
or Federal Tax ID: _____ - _____ - _____

Owner Date
of Birth: _____

Phone #:

Area Code Phone Number

Email Address: _____

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

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

Name of Partner #2: _____

Social Security Number
Or Federal Tax ID: _____ - _____ - _____

Owner Date
of Birth: _____

Phone #:

Area Code Phone Number

Email Address: _____

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

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

Corporation, Limited Company, or General Partnership: (example Corporation, LLC, LP, LLP)

Name of Business Entity: _____

Federal Tax ID
(FEIN): _____ - _____ - _____

Phone #:

Area Code Phone Number

Email Address: _____

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

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

Government Entity/Hospital Authority/Hospital District

Entity Name: _____

Federal Tax ID
(FEIN): _____ - _____ - _____

Phone #:

Area Code Phone Number

Email Address: _____

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

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

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Texas Occupational Code, Chapters 51, 1602, and 1603; 16 Texas Administrative Code, Chapter 60; and the Cosmetology Administrative Rules, 16 Texas Administrative Code, Chapter 83. I also certify that I will not open for business until I have met all requirements for opening a salon and have received the salon 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.

Date Signed

Owner or Corporate Officer Signature

Date Signed

Owner or Corporate Officer Signature



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REQUIREMENTS FOR ALL SALONS

1. 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.
2. Sink with hot and cold running water
3. 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.
4. Identifiable sign, with the salon's name, must be displayed.
5. A suitable receptacle for used towels/linen.
6. One wet disinfectant soaking container.
7. A clean, dry, debris-free storage area.
8. A minimum of one covered trash container.
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 the public area and to provide for the input of fresh air.
10. 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.
11. If manicure or pedicure nail services are provided the salon must have an autoclave, dry heat sterilizer, or ultraviolet sanitizer.
12. Copy of current law and rule book.

NOTE: No establishment licensed only for cosmetology shall in any manner advertise or represent, or permit advertisement or representation to be made on its behalf, that it is a barber shop, whether by use of a device similar to a barber pole, or otherwise. It may, however, advertise or represent that services for males are available.

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, autoclave, dry heat sterilizer, or ultraviolet sanitizer, if providing manicure or pedicure nail 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
- Autoclave, dry heat sterilizer, or ultraviolet sanitizer

ESTHETIC SALON

FOR EACH LICENSEE PRESENT AND PROVIDING SERVICES

- One facial bed or chair
- One mirror

MANICURE/ESTHETIC SALON

FOR EACH LICENSEE PRESENT AND PROVIDING SERVICES

- One manicure table with light
- One manicure stool
- One professional client chair for each manicure station
- Autoclave, dry heat sterilizer, or ultraviolet sanitizer
- One facial bed or chair
- One mirror

EYELASH EXTENSION SALON

FOR EACH LICENSEE PRESENT AND PROVIDING SERVICES

- One facial bed or massage table that allows the consumer to lie completely flat
- One lamp
- One stool or chair

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

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

INDEPENDENT CONTRACTORS

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

COMPLAINTS

Complaints can be filed by sending mail to

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

Emailed to

Intake@tdlr.texas.gov

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

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