



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## COSMETOLOGY SALON LICENSE APPLICATION INSTRUCTIONS

**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 – Provide the name of your salon as it should appear on your salon license. (maximum of 40 characters)
2. SALON TYPE – Select 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 – The address where you receive mail. This address can be a post office box. Always keep your mailing address current with the Texas Department of License and Regulation, (TDLR).
4. PHONE NUMBER – Provide a phone number where we can reach you during the day.
5. EMAIL ADDRESS – By providing your email address you agree to receive communications and required notices by email and to keep a valid email address on file.
6. SALON'S PHYSICAL ADDRESS – Write the physical address of your shop. A post office box cannot be used for this address. To change the shop's physical address, you must apply for a new license.
7. PHONE NUMBER – Provide a phone number where we can reach you during the day.
8. TYPE OF OWNERSHIP – For help with types of ownership, visit the [Secretary of State](#) website.
9. BUSINESS OR OWNER INFORMATION – Provide the company or owner name and contact information.  
**Sole proprietors:** Give name, social security number, date of birth and mailing address. Social security number disclosure is required by the [Texas Family Code](#) 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](#) or call (512) 460-6000 or (800) 252-8014.
10. ADDITIONAL BUSINESS OR OWNERS' INFORMATION – Provide information of all persons or businesses that own 25 percent or more.
11. ACKNOWLEDGEMENT OF APPLICANT – Carefully read before giving date and signature.

### **SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

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

For additional information and questions, please visit the [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#). You may contact Customer Service Representatives by calling (800) 803-9202 (in state only) or (512) 463-6599; Relay Texas -TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

### **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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## COSMETOLOGY SALON LICENSE APPLICATION

NON-REFUNDABLE APPLICATION FEE: \$106.00

A CASHIER'S CHECK OR MONEY ORDER ONLY MADE PAYABLE TO TDLR

ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK

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

1. Salon Name:

2. Salon Type:

Beauty Salon

Manicure (only)

Esthetic (only)

Esthetic/Manicure

Weaving

Eyelash Extension Salon

3. Salon's Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (A P.O. Box is allowed for this address)

Number, Street Name, Suite Number, Apartment Number, City, State, Zip Code

4. Phone Number:

5. Email Address:

(Area Code) Phone Number

(ex: [johndoe@gmail.com](mailto:johndoe@gmail.com)) See instruction sheet for disclosure information

6. Salon's Physical Address: (A P.O. Box is not allowed for this address)

7. Salon's Phone Number:

Number, Street Name, Suite Number, City, State, Zip Code

(Area Code) Phone Number

8. Type of Ownership: (\*Corporations, LLC's and LLP's must provide a Federal Tax ID number in item 9)

Sole Proprietorship (individuals)

\* Corporation

\* Limited Liability Company (LLCs)

General Partnership (DBAs)

\* Limited Liability Partnership

\* Limited Partnership

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

### BUSINESS OR OWNER INFORMATION

Business Name or Owner Name:

Ownership %:

Business Federal ID Number or Sole Proprietor's Social Security #:

Sole Proprietor's Date of Birth:

See instruction sheet for disclosure information

Month/Day/Year

Business Contact Name: (LLCs and Corporations)

Business or Owner Mailing Address:

Number, Street Name, Suite Number/Apartment Number, City, State, Zip Code

Phone Number:

Fax Number:

Email Address:

(Area Code) Phone Number

(Area Code) Phone Number

(ex: [johndoe@gmail.com](mailto:johndoe@gmail.com)) See instruction sheet for disclosure information

**BUSINESS OR OWNER INFORMATION CONTINUED****10. Additional Business or Owners'**

Information: Business or Owner Name: \_\_\_\_\_

Ownership %: \_\_\_\_\_

Business or Owner Social Security: \_\_\_\_\_

Owner Date of Birth: \_\_\_\_\_

Cosmetology License Number of Owner: \_\_\_\_\_

See instruction sheet for disclosure information

Month/Day/Year

If applicable

Business Contact Name: (LLCs and Corporations) \_\_\_\_\_

**Business or Owner Mailing Address:** \_\_\_\_\_

Number, Street Name, Suite Number/Apartment Number, City, State, Zip Code

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

(Area Code) Phone Number

(Area Code) Phone Number

(ex:johndoe@gmail.com) See instruction sheet for disclosure information

**11. ACKNOWLEDGEMENT 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 mini-salon and have received the 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. I further certify that if the mini-dual shop is without the services of at least one permitted barber or licensed cosmetologist for 45 days or more, I will not advertise as a barber shop or cosmetology salon and will remove any sign or symbol indicating that the shop/salon offers barbering or cosmetology services. (Pursuant to 16 Administrative Code, Chapters 82.71(q)(4) and 83.71(e)(8)(C)) 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 Officer Signature\_\_\_\_\_  
Date Signed\_\_\_\_\_  
Partner Signature