



## TEMPORARY COSMETOLOGY SALON LICENSE APPLICATION INSTRUCTIONS

**A temporary license expires on the 60th day after the date the license is issued and may not be renewed. An applicant who has been issued a temporary license is not eligible for another temporary license until one year after the date the previous license was issued.**

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 temporarily.
3. OPENING DATE - Write the date your salon will be open.
4. 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.
5. PHONE NUMBER - Write a telephone number, including the area code, where we can reach you or leave a message for you during the day.
6. EMAIL ADDRESS - Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
7. SALON'S PHYSICAL ADDRESS - Write the physical address of your salon. A post office box cannot be used for this address.
8. FAX NUMBER - Write a fax number, including the area code, where we can send you faxes.
9. PHONE NUMBER - Write a phone number, including the area code, where we can reach you or leave a message for you during the day.
10. 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 <http://www.sos.state.tx.us/corp/businessstructure.shtml>
11. LIST THE LICENSE NUMBER AND LICENSE TYPE - Write the license number and license type of all licensed Texas cosmetologists or barbers that will be performing services.
12. 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(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](http://www.oag.state.tx.us/child/index) or call (512) 460-6000 or (800) 252-8014.  
  
See item 6 for information on email disclosure.
13. ADDITIONAL OWNERS' INFORMATION - Write the additional owners' information of all persons or entities that owns 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. STATEMENT OF APPLICANT - Carefully read the statement before you date and sign your application.



**11. List the license number and license type of the person(s) performing services:** (Use additional page if needed)

License Number: \_\_\_\_\_ License Type: \_\_\_\_\_  
\_\_\_\_\_

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

**12. Owner Information:**

Owner Name or Corporation Name: \_\_\_\_\_ %  
Ownership

Owner Social Security Number or Federal Tax ID Number: \_\_\_\_\_  
(See instruction sheet for disclosure information)

Owner Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

Cosmetology License Number of Owner: (if applicable) \_\_\_\_\_

**Owner or Corporation Mailing Address:**

Number, Street Name, Suite Number/Apartment Number

City State Zip Code Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number

Email Address: \_\_\_\_\_ FAX Number: (\_\_\_\_\_) \_\_\_\_\_  
(Ex: johndoe@aol.com) See instruction sheet for disclosure information Area Code Phone Number

**13. Additional Owners' Information:**

Owner Name: \_\_\_\_\_ %  
Last First Middle Initial Ownership

Owner Social Security Number: \_\_\_\_\_  
(See instruction sheet for disclosure information)

Owner Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

Cosmetology License Number of Owner: (if applicable) \_\_\_\_\_

**Owner Mailing Address:**

Number, Street Name, Suite Number/Apartment Number

City State Zip Code Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number

Email Address: \_\_\_\_\_ FAX Number: (\_\_\_\_\_) \_\_\_\_\_  
(Ex: johndoe@aol.com) See instruction sheet for disclosure information Area Code Phone Number

**14. 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.

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Date Signed

Owner or Corporate Officer Signature

Date Signed

Owner or Corporate Officer Signature