TEXAS DEPARTMENT OF LICENSING AND REGULATION

FIELD OPERATIONS DIVISION

MINI-SALON/SHOP, EMPLOYEE AND INDEPENDENT CONTRACTOR LIST

Name of Salon/Shop_____ **Salon/Shop License #**_____

Salon/Shop Type_____ **Date**_____

OWNER/MANAGER/REPRESENTATIVE, PURSUANT TO RULES 83.52 (b), 83.71(c, d &e), 82.52(b), and 82.71(c & d), please maintain the following information.

Name of mini salon/shop/dual or **Name of individuals**	**License #**	**Type of license**	**Expiration date**	**Employee (E) or Independent Contractor (IC)**	**Date of Last Inspection**