



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12088 - Austin, Texas 78711-2157
(800) 803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.tdlr.texas.gov - cs.cosmetologists@tdlr.texas.gov

APPLICATION FOR:

Texas Cosmetology Temporary Salon License

PURSUANT TO TITLE 9, OCCUPATIONS CODE, CHAPTER 1602

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

Table with 6 columns: FEE, RECEIPT NUMBER, EVENT CODE, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: License Fee, \$20.00

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

1. Salon Name (List two choices):

A. _____ B. _____

- 2. Salon Type: (Circle One) Beauty Salon Manicure (only) Esthetic (only) Braiding (only) Weaving (only) Esthetic/Manicure Wig Salon Hair Weaving/Braiding Cosmo/Barber Dual License

3. Opening Date (Change of Owner Date):

4. Normal Business Days and Hours Open: Days: _____ Hours: _____

5. Salon's Mailing Address and Contact Information: (USED FOR ALL CORRESPONDENCE)

Number, Street and Apt. No. - OR - P.O. Box Number
City State Zip Code Country () Area Code Phone Number
FAX Number: () Area Code Phone Number E-mail Address (johndoe@aol.com for example)

6. Salon's Physical Address:

Number, Street and Suite No.
City State Zip Code Country () Area Code Phone Number
FAX Number: () Area Code Phone Number E-mail Address (johndoe@aol.com for example)

7. Have you ever held a cosmetology salon license? (circle one) Yes No

If "YES" list the salon license number: _____

8. List license number & license type of the person performing services:

License Number(s): _____ License Type(s): _____
(If a Facial/Manicure Salon, you MUST list both facial license & manicure license numbers OR list one operator license number.)

9. Organization Type: (circle one)

- Sole Proprietorship Corporation Limited Partnership
Limited Liability Company Limited Liability Partnership

THIS FORM CONSISTS OF 2 PAGES.

10. Owner/Corporation Name: _____

11. Owner Social Security No. or Corporation Fed. ID No.*: _____ Date of Birth : _____
mo-day-yr

If a corporation, are your state franchise taxes current? (circle one) YES NO

If you are exempt from state franchise taxes, please state reason:

12. Owner/Corporation Mailing Address and Contact Information: (USED FOR ALL CORRESPONDENCE)

Number, Street and Apt. No. - OR - P.O. Box Number

City State Zip Code Country () Area Code Phone Number

FAX Number: () _____
Area Code Phone Number E-mail Address (johndoe@aol.com for example)

13. Additional Owner Mailing Address and Contact Information: (if necessary)

Last First Middle

Number, Street and Apt. No. - OR - P.O. Box Number

City State Zip Code Country () Area Code Phone Number

FAX Number: () _____
Area Code Phone Number E-mail Address (johndoe@aol.com for example)

Additional Owner Social Security No. : - - Date of Birth : _____
mo-day-yr

STATEMENT OF APPLICANT(S)

I certify that I will comply with all applicable provisions of the Texas Occupations Code, Title 9, Chapters 1602 and 1603; Tex. Admin. Code, Chapter 60; the Cosmetology Administrative Rules, 16 Tex. Admin. Code, Chapter 83 and Tex Occupational Code Chapter 51. 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 the denial of the application or revocation of the license I am requesting and the imposition of administrative penalties.

Date Signed

Signature of Owner or Corporate Officer

Date Signed

Signature of Owner or Corporate Officer

*Note: If you have a Social Security Number, Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filing an application. The SSN that is provided is confidential and is required to en-

NOTE: 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.