



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 Mobile Salon License

Pursuant to 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, \$106.00

License #

DO NOT WRITE ABOVE THIS LINE

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

1. Business Name (List two choices):

A. _____ B. _____

2. Type of Business: (Circle One) Beauty Salon Manicure (only) Esthetician (only)

Esthetician/Manicure Wig Salon Hair Weaving Hair Braiding Eyelash Extension Salon

3. Opening Date (Change of Owner Date): _____

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

5. Permanent 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. Permanent Physical Address where unit is located when not in use:

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. What means will be utilized to enable the Department to track the location of the mobile unit?

Global Positioning System Submit to the Department, a weekly itinerary showing the dates, exact locations, and times of service to be provided.

8. Organization Type: (circle one)

Sole Proprietorship Corporation Limited Partnership Limited Liability Company Limited Liability Partnership

THIS FORM CONSISTS OF 2 PAGES.

9. Owner/Corporation Name: _____

10. Owner Social Security No. or Corporation Federal ID No.*: _____

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

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

11. 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)

12. 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)

13. Required for a salon license:

Checking the box certifies that I will not open for business until I have met all requirements for opening a salon and have received the salon license.

STATEMENT OF APPLICANT(S)

I certify that I will comply with all applicable provisions of the Tex. Occ. Code, Chapters 51, 1602, and 1603; 16 Tex. Admin. Code, Chapter 60; and, the Cosmetology Administrative Rules, 16 Tex. Admin. Code, Chapter 83. 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

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 enforce Child Support orders.



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Cosmetology Program

P.O. Box 12088 Austin, Texas 78711 (512) 463-6599 (800) 803-9202 fax (512) 463-2951

Email address: cs.cosmetologists@tdlr.texas.gov Web site: www.tdlr.texas.gov

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 services are provided, the salon must have an autoclave, dry heat sterilizer, or ultraviolet sanitizer.
12. Copy of current law and rule book.

PLEASE NOTE: No cosmetology establishment shall, in any manner represent or permit representation to be made on its behalf that it is a barbershop, whether made by use of a display or device similar to a barber pole or otherwise. It may, however, advertise that services for males are available, with the exception of trimming and/or shaving beards or mustaches.

Revised 02-2012

Austin Headquarters: E.O. Thompson State Office Building · 920 Colorado · Austin, Texas 78701

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
One hand-held hair dryer, or hood dryer with or without chair
Autoclave, dry heat sterilizer, or ultraviolet sanitizer, if providing manicure or pedicure 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**

HAIR BRAIDING SALON

(FOR EACH LICENSEE PRESENT AND PROVIDING SERVICES)

**One work station
One styling chair**

MANICURE /ESTHETICIAN SALON:

All requirements for manicure AND esthetician salons

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**

FACIAL SALON

(FOR EACH LICENSEE PRESENT AND PROVIDING SERVICES)

**One facial couch/chair
One mirror**

HAIRWEAVING/BRAIDING 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
One chair dryer/handheld dryer for each three licensees providing hair weaving services**

INDEPENDENT CONTRACTORS

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

TDLR Mobile Shop/Salon Itinerary

Shop/Salon Name: _____ License Number: _____

Week Of: _____ Cell or Mobile Telephone: _____

(EXAMPLE: WEEK OF: January 1 through January 7, 2008)

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	Address & City						
8:00							
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							



COMPLAINTS

To Report Complaints

Contact:

**Texas Department of Licensing
& Regulation**

P.O. Box 12157

Austin, Texas 78711

800-803-9202

www.tdlr.texas.gov/complaints