



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
(800) 803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.tdlr.texas.gov - cs.barbers@tdlr.texas.gov

APPLICATION FOR:

Texas Barber Booth Rental Permit

PURSUANT TO OCCUPATIONS CODE, CHAPTER 1601

Table with 6 columns: FEE, RECEIPT NUMBER, EVENT CODE, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: License Fee, \$50.00

DO NOT WRITE ABOVE THIS LINE

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

1. Applicant's Full Name:

Last (Family Name) First (Given Name) Middle

2. Applicant's Social Security No.:

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

3. Date of Birth: Month Day Year

4. Gender: MALE FEMALE (circle one)

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

Number, Street and Apartment 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. License Number and Expiration Date: #: Exp.:

7. License Type: (Circle One) Class A Barber Instructor Manicurist Technician Hair Weaver Hair Braider Technician/Manicurist Technician/Hair Weaver

NOTE: To receive a Booth Rental Permit, you must submit a \$50 cashiers check or money order.

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Texas Occupations Code, Chapters 51, 1601 and 1603; Tex. Admin. Code, Chapter 60; and, the Barber Administrative Rules, Tex. Admin. Code, Chapter 82. 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

Applicant's Signature

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