



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 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

NOTE: All information must be typed or printed in ink.

1. Salon Name:

2. Salon Type: Beauty Salon, Manicure (only), Esthetician (only), Esthetician/Manicure, Wig Salon, Weaving/Braiding, Braiding (only), Eyelash Extension Salon

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 E-mail Address

6. Salon's Physical Address:

Number, Street and Suite No.
City State Zip Code Country Area Code Phone Number
FAX Number: Area Code E-mail Address

7. Have you ever held a Salon License? Yes No If YES list Salon License Number:

8. Organization Type: (check one)

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

This document is available on the TDLR website at www.tdlr.texas.gov/cosmet/cosmetforms.htm

10. Owner or Corporation Name: _____ _____ %
ownership

Owner Social Security No. or Corporation Fed. ID No.* : _____

Date of Birth: _____ If corporation, are your state franchise taxes current? YES NO
(MONTH/ DAY/ YEAR)

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

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: () _____
E-mail Address

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

Name: _____ _____ %
ownership

Social Security Number: _____ - _____ - _____ Date of Birth: _____
MONTH/DAY/YEAR

Mailing Address: _____
Number, Street and Apt. No. - OR - P.O. Box Number

City State Zip Code Country () Area Code Phone Number

FAX Number: () _____
E-mail Address

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.

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 (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.**



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

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

Revised 03-2012

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
Autoclave, dry heat sterilizer, or ultraviolet
sanitizer, if providing manicure or pedicure
nail 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**

EYELASH EXTENSION SALON

**(FOR EACH LICENSEE PRESENT
AND PROVIDING SERVICES)**

**One facial bed or massage table that allows
the consumer to lie completely flat
One lamp
One stool or chair**

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 must supply the department inspector with a list of renters upon request.

MANICURE /ESTHETICIAN SALON:

**All requirements for a manicure salon AND
for an esthetician salon**

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**

ESTHETICIAN SALON

**(FOR EACH LICENSEE PRESENT AND
PROVIDING SERVICES)**

**One facial bed or chair
One mirror**

HAIR WEAVING/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**

Revised 03-2012



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