



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

COSMETOLOGY SALON LICENSE APPLICATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CASHIER'S CHECK OR MONEY ORDER.

1. SALON NAME - Write the name of your salon as it should appear on your salon license. (maximum of 40 characters)
2. SALON TYPE - Check the box of the type of salon you want to open. Once your license has been issued, you can only change the salon type by applying for a new license.
3. SALON'S MAILING ADDRESS - Write your current business mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately. Always keep your mailing address current with TDLR. A license renewal notice will be mailed to your address of record before the date your license will expire.
4. PHONE NUMBER - Write a telephone number, including the area code, where we can reach you or leave a message for you during the day.
5. EMAIL ADDRESS - Write your email address. By providing my email address I authorize Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
6. SALON'S PHYSICAL ADDRESS - Write the physical address of your salon. A post office box cannot be used for this address. Once your license has been issued, you can only change the salon's physical address by applying for a new license.
7. FAX NUMBER - Write a fax number, including the area code, where we can send you faxes.
8. PHONE NUMBER - Write a phone number, including the area code, where we can reach you or leave a message for you during the day.
9. TYPE OF OWNERSHIP - Check the box that indicates how your business is organized. You can find a description of the various types of business structures at www.sos.state.tx.us/corp/businessstructure.html.
10. OWNER INFORMATION - Write the owner information of your business. If this business is a SOLE PROPRIETORSHIP, write your name, social security number, and date of birth in the provided space. Also include your mailing address and other requested information.
Social Security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your Social Security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at: www.texasattorneygeneral.gov/cs or call (512) 460-6000 or (800) 252-8014.
See item 5 for information on email disclosure.
11. ADDITIONAL OWNERS' INFORMATION - Write the additional owners' information of all persons or entities that owns at least 25 percent of this business. See item 10 for information on social security number disclosure and item 5 for information on email disclosure.
12. STATEMENT OF APPLICANT - Carefully read the statement before you date and sign your application.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at <https://www.tdlr.texas.gov> or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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COSMETOLOGY SALON LICENSE APPLICATION

YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

APPLICATION FEE: \$106 (FEE IS NON-REFUNDABLE)

PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR

ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK

1. Salon Name:

2. Salon Type: Beauty Salon Manicure (only) Esthetic (only) Esthetic/Manicure
(Check one only)
 Weaving Eyelash Extension Salon

3. Salon's Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (A P.O box is allowed for this address.)

Number, Street Name, Suite Number, Apartment Number, City, State, Zip Code

4. Phone Number:

(Area Code) Phone Number

5. Email Address:

(ex: johndoe@gmail.com) See instruction sheet for disclosure information

6. Salon's Physical Address: (A P.O. box is **not** allowed for this address.)

Number, Street name, Suite Number, City, State, Zip Code

7. FAX Number:

(Area Code) Phone Number

8. Phone Number:

(Area Code) Phone Number

9. Type of Ownership: (check only one box for the type of ownership)

COMPLETE THE APPROPRIATE SECTION FOR THE APPLICABLE SALON. INCOMPLETE FORMS WILL DELAY THE APPLICATION PROCESS.

For information concerning the Texas Secretary of State (SOS) file number call 512-463-5555 or 800-252-1381, or 800-252-1381, or visit: www.sos.state.tx.us. The Federal Employer Identification Number (FEIN) also known as "Federal Tax ID Number" is a 9-digit number assigned by the Internal Revenue Service (IRS).

Sole Proprietor: (One individual)

Name: _____

Social Security Number
or Federal Tax ID:

Owner Date
of Birth:

Phone #:

(Area Code) Phone Number

Email Address:

(ex: johndoe@gmail.com) See instruction sheet for disclosure information

Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (A PO box is allowed for this address.)

Number, Street name, Suite Number, City, State, Zip Code

Partnership: (Two or more individuals) (For Additional Partners Complete Another Sheet)

Name of Partner #1: _____
Social Security Number or Federal Tax ID: _____ Owner Date of Birth: _____

Phone #: _____ Email Address: _____
(Area Code) Phone Number (Ex: johndoe@aol.com) See instruction sheet for disclosure information

Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (A PO box is allowed for this address.)

Number, Street Name, Suite Number, Apartment Number, City, State, Zip Code

Name of Partner #2: _____
Social Security Number Or Federal Tax ID: _____ Owner Date of Birth: _____

Phone #: _____ Email Address: _____
(Area Code) Phone Number (Ex: johndoe@aol.com) See instruction sheet for disclosure information

Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (A PO box is allowed for this address.)

Number, Street Name, Suite Number, Apartment Number, City, State, Zip Code

Corporation, Limited Company, or General Partnership: (example Corporation, LLC, LP, LLP)

Name of Business Entity: _____ Federal Tax ID (FEIN): _____

Phone #: _____ Email Address: _____
(Area Code) Phone Number (Ex: johndoe@aol.com) See instruction sheet for disclosure information

Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (A PO box is allowed for this address.)

Number, Street Name, Suite Number, Apartment Number, City, State, Zip Code

Government Entity/Hospital Authority/Hospital District

Name of Business Entity: _____ Federal Tax ID (FEIN): _____

Phone #: _____ Email Address: _____
(Area Code) Phone Number (Ex: johndoe@aol.com) See instruction sheet for disclosure information

Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (A PO box is allowed for this address.)

Number, Street Name, Suite Number, Apartment Number, City, State, Zip Code

10. STATEMENT OF APPLICANT

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

Date Signed

Owner or Corporate Officer Signature

Date Signed

Owner or Corporate Officer Signature



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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 current law and rule book.

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 barber shop, whether by use of a device similar to a barber pole, or otherwise. It may, however, advertise or represent that services for males are available.

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

ESTHETIC SALON

FOR EACH LICENSEE PRESENT AND PROVIDING SERVICES

- One facial bed or chair
- One mirror

MANICURE/ESTHETIC 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
- One facial bed or chair
- One mirror

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

HAIR WEAVING 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

INDEPENDENT CONTRACTORS

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



COMPLAINTS

Complaints can be filed by mail to:

**Texas Department of Licensing & Regulation
Attention: Enforcement Division
P.O. Box 12157
Austin, Texas 78711**

**or email to:
Intake@tdlr.texas.gov**

**or file online at:
www.tdlr.texas.gov/complaints**

Toll-free (in Texas): (800) 803-9202