



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

COSMETOLOGY MINI-SALON LICENSE APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper.

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

1. **MINI-SALON NAME** - Write the name of your mini-salon as it should appear on your mini-salon license. (maximum of 40 characters)
2. **MINI-SALON TYPE** - Check the box of the type of mini-salon you want to open. Once your license has been issued, you can only change the mini-salon type by applying for a new license.
3. **IS YOUR BUSINESS CURRENTLY OPEN AND OPERATING** - Select YES or NO to indicate if your business is open and operating. If you select NO, write the date your mini-salon will be opening or the date you became the new owner. If your license has been expired longer than three years and you are reapplying for a new license, enter the opening date as though this is a new mini-salon. Do not enter the original opening day.
4. **MINI-SALON 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.
5. **PHONE NUMBER** - Write a telephone number, including the area code, where we can reach you or leave a message for you during the day.
6. **EMAIL ADDRESS** - Write your email address. By providing my email address I authorize TDRL 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.
7. **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.shtml. For businesses that are sole proprietorships or partnerships, you must provide the SSN of all owners. For all other business structures, you must provide a Federal Tax ID number in section 12.
8. **SALON GALLERY NAME** - Write the name of the salon gallery. The salon gallery is the multi-suite facility owner.
9. **SALON GALLERY LICENSE NUMBER** - If you are applying for a mini-salon license, you must provide the Salon Gallery's Beauty Salon license number. If applying for a mini-dual shop license, you must provide the salon gallery's dual shop license number, or both the beauty salon license number and barbershop permit number.
10. **ROOM OR SUITE NUMBER ASSIGNED TO YOU** - Write the room or suite number your mini-salon will occupy within the salon gallery.
11. **SALON GALLERY PHYSICAL ADDRESS** - Write the physical address of the salon gallery. This is the physical location of the salon gallery. A post office box cannot be used for this address.
12. **OWNER INFORMATION** - Write the owner information of your business. If this business is a SOLE PROPRIETORSHIP or PARTNERSHIP, 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(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/child-support or call (512) 460-6000 or (800) 252-8014
13. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
14. **ADDITIONAL MINI-SALON OWNERS' INFORMATION (PARTNER)** - Provide all owner's current information. Attach additional pages if needed. See item 12 above for information on social security number disclosure and email disclosure.
15. **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 tdlr.texas.gov or reach Customer Service via web form. The web form will allow you to submit your request for assistance and include attachments needed at <https://tdlr.texas.gov/help>. You may also reach us at (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 MINI-SALON LICENSE APPLICATION

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

APPLICATION FEE: \$60 (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

PROVIDE THE MINI-SALON CURRENT INFORMATION

1. Mini-Salon Name:

2. Mini-Salon Type: Mini-Salon *Mini-Dual Shop *Must provide salon gallery dual shop permit number, or both the salon license number and barbershop permit number.
(Check one only)

3. Is your business currently open and operating? Yes No

If NO, provide the Opening Date or the day you became the new owner: Month _____ Day _____ Year _____

4. Mini-Salon 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 _____

5. Phone Number:

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

6. Email Address:

7. Type of Ownership:

Sole Proprietorship * Corporation * Limited Liability Company
 General Partnership * Limited Liability Partnership * Limited Partnership

* Must provide a Federal Tax ID number in box 12

PROVIDE THE SALON GALLERY CURRENT INFORMATION

If you are applying for a mini-salon license, you must provide the Salon Gallery's Salon license number. If applying for a mini-dual shop permit, you must provide the salon gallery's dual shop permit number, or both the salon license number and barbershop permit number.

8. Salon Gallery Name:

9. Salon Gallery Salon License #:
(Provide if you are applying for a mini-salon license.)

Salon Gallery Dual Shop Permit #:

Salon License #:

Barbershop Permit #:

OR

AND

10. Room or Suite Number assigned to you: _____ (REQUIRED)

11. Salon Gallery Physical Address: (A PO box cannot be used for this address)

Number, Street Name, Suite Number

City _____ State _____ Zip Code _____

PROVIDE THE SOLE PROPRIETOR'S OR BUSINESS ENTITY'S CURRENT INFORMATION

12. Mini-Salon Owner Information:

Owner Name or Business Entity Name: _____
(Not the mini-salon name)

Owner Social Security Number or Federal Tax ID Number: _____
(See instruction sheet for disclosure information)

Owner Date of Birth: _____ - _____ - _____
Month Day Year

Cosmetology License Number of Owner: (if applicable) _____

Owner or Business Entity Mailing Address:

Number, Street Name, Suite Number/Apartment Number

City _____ State _____ Zip Code _____ **Phone Number:** (_____) _____
Area Code Phone Number

Email Address: _____
(Ex: john doe@aol.com) See instruction sheet for disclosure information **Fax Number:** (_____) _____
Area Code Phone Number

PROVIDE ALL PARTNERS' CURRENT INFORMATION. ATTACH ADDITIONAL PAGES IF NEEDED.

13. Additional Owners' Information (Partner):

Owner Name: _____ Last _____ First _____ Middle Initial _____

Owner Social Security Number: _____
(See instruction sheet for disclosure information)

Owner Date of Birth: _____ - _____ - _____
Month Day Year

Cosmetology License Number of Owner: (if applicable) _____

Owner Mailing Address:

Number, Street Name, Suite Number/Apartment Number

City _____ State _____ Zip Code _____ **Phone Number:** (_____) _____
Area Code Phone Number

Email Address: _____
(Ex: john doe@aol.com) See instruction sheet for disclosure information **Fax Number:** (_____) _____
Area Code Phone Number

14.

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 mini-salon and have received the 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.

I further certify that if the mini-dual shop is without the services of at least one permitted barber or licensed cosmetologist for 45 days or more, I will not advertise as a barber shop or cosmetology salon and will remove any sign or symbol indicating that the shop/salon offers barbering or cosmetology services. (Pursuant to 16 Administrative Code, Chapters 82.71(q)(4) and 83.71(e)(8)(C))

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 Officer Signature _____

Date Signed _____ Partner 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 a licensed cosmetologist as an independent contractor. The lessor (cosmetology establishment) of an independent contractor must maintain a booth renters list that include the cosmetologist's name, license number, and expiration date. The lessor must supply the department inspector with the booth renters list 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