



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

ESTABLISHMENT 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. **ESTABLISHMENT NAME** - The name of your establishment as it should appear on your establishment license. (Maximum of 40 characters including spaces and no punctuation)
2. **ESTABLISHMENT TYPE** – The type of establishment being opened.
3. **TRACKING METHOD** (mobile establishments only) - Check the method that will allow TDLR to track the location of your mobile establishment.
4. **ESTABLISHMENT MAILING ADDRESS** - The address where you receive business mail. This address can be a post office box. Always keep your mailing address current with the Texas Department of Licensing and Regulation (TDLR).
5. **ESTABLISHMENT PHONE NUMBER** – The phone number for the establishment.
6. **ESTABLISHMENT EMAIL ADDRESS** - By providing your email address you agree to receive communications and required notices by email and to keep a valid email address on file.
7. **ESTABLISHMENT PHYSICAL ADDRESS** - The physical location of your full-service or specialty establishment. **MOBILE ESTABLISHMENTS:** The physical location where the mobile establishment is parked when not in service. *A post office box cannot be used for this address. Once your license has been issued, the establishment's physical address cannot be changed. A new application and fee will need to be submitted.*
8. **TYPE OF OWNERSHIP** - Check the box that indicates how your business is organized. For help with types of ownership, visit the [Secretary of State](#) on their website. Example: Corporation, LLC, Partnership, etc.
9. **BUSINESS OR SOLE PROPRIETOR/PARTNER 1 INFORMATION** - The business name as registered with the Secretary of State and/or IRS. Provide the Federal Tax ID number as registered with the IRS. SOLE PROPRIETORS and GENERAL PARTNERS should provide their name, social security number, and date of birth in the provided space. Include your mailing address and other requested information. Social security number disclosure is required by the [Texas Family Code](#) 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](#).
10. **BUSINESS CONTACT/PARTNER 2 INFORMATION** (if applicable) - Provide the business contact or additional partner's information that own at least 25 percent of this business. See item 9 for information on social security number disclosure and item 6 for information on email disclosure.
11. **ACKNOWLEDGMENT OF APPLICANT** - Carefully read the acknowledgment before you sign and date 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, visit the [TDLR website](#) or reach Customer Service via [webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

TDLR PUBLIC INFORMATION ACT POLICY:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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ESTABLISHMENT LICENSE APPLICATION

THIS APPLICATION IS FOR A FULL-SERVICE ESTABLISHMENT, A SPECIALTY ESTABLISHMENT OR A MOBILE ESTABLISHMENT.

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

APPLICATION FEE: \$78 (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. Establishment Name: _____

2. Establishment Type: Full-Service (skip to #4) Specialty (check specialty below and skip to #4)

Mobile (check an option below and complete # 3)

Manicurist (only)

Esthetician (only)

Manicurist/Esthetician

Eyelash Extension

Hair Weaving

Full-Service Mobile Establishment

3. TRACKING METHOD FOR MOBILE ESTABLISHMENTS ONLY

What method will be used to let the Department track the location of the mobile establishment?

Global Positioning System

Submit to the Department, a [Weekly Itinerary \(PDF\)](#) showing the dates, exact (GPS) locations, and times of service to be provided.

ESTABLISHMENT CONTACT INFORMATION

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

Street Number & Name

Apartment/Building/Suite #

City

State

Zip Code

5. Phone Number:

6. Email Address:

(Ex: johndoe@aol.com) See instruction sheet for disclosure information

ESTABLISHMENT PHYSICAL LOCATION

7. Establishment Physical Address: (PO box is not allowed for this address. MOBILE SHOPS: Location of unit when not in service)

Street Number & Name

Apartment/Building/Suite #

City

State

Zip Code

OWNERSHIP INFORMATION

8. Type of Ownership:

*Sole Proprietorship

**Corporation

**Limited Liability Company

*General Partnership

**Limited Liability Partnership

**Limited Partnership

*Social Security Number required in item 9.

**Must provide a Federal Tax ID number in item 9.

**LIST ALL OWNERS WITH 25% OR MORE OWNERSHIP OF THIS BUSINESS.
ATTACH ADDITIONAL PAGES IF NEEDED.**

9. BUSINESS OR SOLE PROPRIETOR/PARTNER 1 INFORMATION

Business or Sole Proprietor/Partner 1 Name:				% Ownership:	
Business or Sole Proprietor/Partner 1 Mailing Address:					
Street Number & Name		Apartment/Building/Suite #	City	State	Zip
Business or Sole Proprietor/Partner 1 Social Security Number or Federal Tax ID Number (See instruction sheet for disclosure information):			Sole Proprietor/Partner 1 Date of Birth (MM/DD/YYYY):		
Practitioner's License # (if applicable):					
Phone Number:			Email Address:		
(Ex: johndoe@aol.com) See instruction sheet for disclosure information					

10. BUSINESS CONTACT/PARTNER 2 INFORMATION (if applicable)

Business Contact/Partner 2 Name:				% Ownership:	
Business Contact/Partner 2 Mailing Address:					
Street Number & Name		Apartment/Building/Suite #	City	State	Zip
Partner 2 Social Security Number or Federal Tax ID Number (See instruction sheet for disclosure information):			Partner 2 Date of Birth (MM/DD/YYYY):		
Practitioner's License # (if applicable):					
Business Contact/Partner 2 Phone Number:			Business Contact/Partner 2 Email Address:		
Phone Number			(Ex: johndoe@aol.com) See instruction sheet for disclosure information		

11. ACKNOWLEDGEMENT OF APPLICANT

I acknowledge that I will comply with all applicable provisions of the Texas Occupations Code, Chapters 51 and 1603; Texas Administrative Code, Chapter 60; and 16 Texas Administrative Code, Chapter 83. I also certify that I will not open for business until I have met all requirements for opening an establishment and have received the establishment 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.

Owner or Corporate Officer Signature	Date Signed
Owner or Corporate Officer Signature	Date Signed



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KEEP THE REMAINING PAGES FOR YOUR RECORDS

REQUIREMENTS FOR ESTABLISHMENTS

Requirements can be found in the Barbering and Cosmetology Rules on the [Secretary of State](#) website.

Establishment Conditions:

1. Floors made of non-porous, easily washable, material in areas where chemicals are mixed and where water may splash. Anti-slip or plastic floor coverings may be used for safety reasons.
2. Floors, ceilings, shelves, furniture, furnishings, and fixtures clean and in good repair (no cracks).
3. Plumbing fixtures, including toilets and wash basins, kept clean and in good repair.
4. Hot and cold running water within the areas where work is being done and supplies dispensed.
5. A container large enough to fully immerse all tools and implements with liquid disinfectant.
6. Food and drinks shall not be prepared and sold in shop for client consumption.
7. Adequate ventilation to exhaust any chemicals or strong odors from the public area and to provide fresh air.
8. Not used for living or sleeping quarters
9. Autoclave, dry heat sterilizer, or ultraviolet sanitizer, if manicure or pedicure services are provided in the shop.
10. Only service animals are allowed in establishments.
11. Separated by a solid wall and separate door from restaurant or food preparation area.
12. Separate entrance if attached to a residence. Any door between shop and residence must be closed during business hours.
13. Not used for any purpose that would tend to make the premises unsanitary, unsafe, or endanger the health and safety of the public.

Required Posters, Forms, and Lists:

1. Practitioner's license displayed near the workstation or made available at the reception area.
2. Establishment business license.
3. [Establishment Sanitation Rules \(PDF\)](#)
4. [Consumer Complaint Sign \(PDF\)](#)
5. [Human Trafficking Sign \(PDF\)](#)
6. List of all licensees and permits of all employees and independent contractors (booth renters).

Other Requirements:

1. An establishment providing barbering, cosmetology or specialty services must have an Establishment License.
2. Only a licensed barber practitioner may shave a beard or mustache or use a razor without a guard to outline the hair or shave the back of the neck.
3. Establishments must be in compliance with all local ordinances and requirements (example: fire codes and occupancy limits).
4. Licensees may not use or possess any of the following substances or products in performing barbering and cosmetology services.
 - a. Methyl Methacrylate Liquid Monomers (also known as MMA).
 - b. Razor-type callus or corn shavers intended to cut growths of skin such as corns and calluses (example: credo blades).
 - c. Alum or other astringents in stick or lump form. Powder or liquid is permissible.
 - d. Fumigants such as Formalin (formaldehyde tablets).

Additional Requirements for Mobile Establishments

5. Ensure the mobile shop:
 - a. is equipped with a Global Positioning System that can be tracked by TDLR at all times, or
 - b. owner submits a [Weekly Itinerary \(PDF\)](#) at least 7 days before the salon begins to provide service for that week
 - Any changes to the proposed schedule must be submitted to the Department at least 24 hours in advance
6. One restroom is in or near shop; no chemicals stored in the restroom.

United States Food and Drug Administration (FDA) – Related

1. Licensees shall not use any product in providing a service authorized under the Act that is banned or deemed to be poisonous or unsafe by the FDA or other local, state, or federal governmental agencies responsible for making such determinations.
2. Possession or storage on licensed premises of any item banned or deemed to be poisonous or unsafe by the FDA or other governmental agencies shall be considered *prima facie* evidence of its use.
3. For the purpose of performing services authorized under the Act, no licensee shall buy, sell, use, or apply to any person, liquid monomeric methyl methacrylate (MMA), a chemical banned for use in nail services by the FDA.

ADDITIONAL REQUIREMENTS BY SPECIALTY

FULL SERVICE- ESTABLISHMENT

FOR PRACTITIONERS PRESENT AND PROVIDING SERVICES

- One working station
- One styling chair
- A sink in an area where services are provided or sufficient amount of shampoo bowls if providing shampooing or chemical services.

EYELASH EXTENSION SPECIALTY ESTABLISHMENT

FOR PRACTITIONERS PRESENT AND PROVIDING SERVICES

- One facial bed or massage table all of which must allow the consumer to lie completely flat
- One lamp
- One stool or chair
- One mirror

MANICURE SPECIALTY ESTABLISHMENT

FOR PRACTITIONERS PRESENT AND PROVIDING SERVICES

- One manicure station with sufficient lighting
- One manicure chair or stool
- One client chair for each manicure station
- Autoclave, dry heat sterilizer, or ultraviolet sanitizer

HAIR WEAVING SPECIALTY ESTABLISHMENT

FOR PRACTITIONERS PRESENT AND PROVIDING SERVICES

- One workstation
- One styling chair
- One chair dryer or handheld dryer
- A sufficient amount of shampoo bowls for licensees providing hair weaving service

ESTHETICIAN SPECIALTY ESTABLISHMENT

FOR PRACTITIONERS PRESENT AND PROVIDING SERVICES

- One facial bed or chair
- One mirror

HAIR WEAVING/ESTHETICIAN SPECIALTY ESTABLISHMENT

FOR PRACTITIONERS PRESENT AND PROVIDING SERVICES

- The requirements for establishments providing esthetician services
- The requirements for establishments providing hair weaving services

MANICURE/ESTHETICIAN SPECIALTY ESTABLISHMENT

FOR PRACTITIONERS PRESENT AND PROVIDING SERVICES

- The requirements for establishments providing manicure services
- The requirements for establishments providing esthetician services

INDEPENDENT CONTRACTORS

An establishment may lease space to an independent contractor who is a practitioner. The lessor to an independent contractor practitioner must maintain a list of all renters that includes the name and the license number of the renter. The lessor must supply the department representative with a list of 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