



OSBCB 501 (01/19)

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DO NOT WRITE ABOVE THIS LINE



OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING
ADVISORY BOARD ON MASSAGE THERAPY
 2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453
 Establishment Department 405.522.7620 • Fax 405.521.2440 • www.cosmo.ok.gov

J. Kevin Stitt
Governor

Sherry G. Lewelling
Executive Director

ESTABLISHMENT LICENSE APPLICATION
Affidavit Verifying Lawful Presence (Form 398 or 399) is part of this application and must be attached.

ESTABLISHMENT INFORMATION:

Establishment Name: _____

Street Address*: _____
* If street address is not available, attach specific directions. Suite Number if applicable If a Salon Suite, indicate Booth Number

City: _____ ZIP Code: _____ Establishment Telephone: (____) _____

For what type of license is application being made? (Check ONE): Beauty Establishment Barber Establishment Nail Establishment

Date applicant will open or assume operation: ____ / ____ / ____ Is Applicant assuming operation of an existing establishment? Yes No
• If yes, submit copy of lease or bill of sale, and indicate File number on existing Establishment license: _____
• If a franchise, submit copy of franchise agreement.

Is the establishment located at the Applicant's residence? Yes No *If Yes, answer the following two questions:*
Does the establishment have a separate entrance? Yes No
Is establishment separated by a door that can be kept closed during working hours? Yes No

Is the establishment sign prominently displayed? Yes No
Are all floors constructed of, or covered with, easily cleaned, hard surface, non-pervious floor covering? Yes No
Is the establishment located inside, or part of, another business, such as a department store or tanning salon? Yes No
• If yes, name of other business: _____
Is the establishment in compliance with all local electrical, plumbing, fire and ventilation codes? Yes No

OFFICE USE ONLY	
County	
Inspector	
PVM	
CTI	

Days and hours of operation:

SUN	MON	TUE	WED	THU	FRI	SAT

APPLICANT INFORMATION:

Applicant's Name: _____

Home Address: _____
All correspondence will be sent to Applicant's home address. If a corporation, indicate address of corporate office.

City: _____ State: _____ ZIP Code: _____

Home Telephone: (____) _____ Social Security Number: _____ - _____ - _____ Date of Birth: ____ / ____ / ____
Not required for corporations Not required for corporations

Does the Applicant hold any other license with this Board? Yes No If yes, indicate Applicant's File Number: _____
If no, a current photo of the Applicant must accompany this application. (Not required for corporations.)
Are you on government assistance, or at 140% or less of poverty level? Yes No
Documentation will be required.

FEE: - Submit cashier's check or money order for \$50 made payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED.
Add \$10 penalty if establishment was opened prior to filing this application.

I solemnly swear that the foregoing statements are true and correct.

(SEAL)

Signature of Applicant

Subscribed and sworn before me this _____ day of _____ 20 _____

State of _____ County of _____

My commission expires _____

Notary Public _____



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BEAUTY SALON • BARBER SHOP • NAIL SALON ESTABLISHMENT LICENSE APPLICATION INFORMATION
KEEP THIS DOCUMENT FOR YOUR RECORDS

The Establishment License Application must be completed and notarized.

If the Applicant is an individual, the Affidavit Verifying Lawful Presence is required, unless the Applicant has already filed the Affidavit with this office and is a United States Citizen.

If the Applicant is a corporation or Limited Liability Company, a copy of the Certificate of Incorporation from the Secretary of State must be enclosed with this Application.

Applicants who are assuming operation of an existing establishment must submit a copy of either the Lease Agreement or the Bill of Sale from the previous owner.

If this establishment is a franchise, a copy of the Franchise Agreement is required.

Payment of \$50 (\$45 for initial license fee, \$5 for an Oklahoma State Board of Cosmetology and Barbering Rules and Statutes Book) must be enclosed with the application. Submit cashier's check or money order. Personal checks are not accepted.

Applicants who do not hold a current license issued by this Board must submit a current (newer than one year) full face photograph. A passport-size photo is recommended.

If the stated requirements are met, and the application is correct and complete, the Board will issue an Establishment license. This license is subject to approval by a State Inspector.

Under Oklahoma law, operating an establishment without a license is a misdemeanor. Applicants who have opened an establishment without applying for a license are subject to a \$10 penalty fee, and/or other legal recourse available to the Board of Cosmetology and Barbering.

Establishment licenses are not transferable from one person to another. An Establishment license may be moved from one location to another if the Board is notified in writing prior to the location change.

Establishment owners are required to file a Change Order Request (Form 571) PRIOR to the move. Failure to comply will result in cancellation of the Establishment license.

Licensees are required to report changes in permanent mailing address to the Board immediately. Licensees who sell or close their establishments, either temporarily or permanently, must also notify the Board in writing immediately.

Licensees are responsible for keeping their establishments in compliance with all city or county building and zoning codes. State Inspectors may ask to view code compliance certificates during an inspection.