



OSBCB 511 (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

### COSMETIC STUDIO LICENSE APPLICATION

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

#### ESTABLISHMENT INFORMATION:

Studio 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: (\_\_\_\_) \_\_\_\_\_

Date applicant will open or assume operation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Is Applicant assuming operation of an existing studio?  Yes  No

• If yes, submit copy of lease or bill of sale, and indicate File number on existing Cosmetic Studio license: \_\_\_\_\_

• If a franchise, submit copy of franchise agreement.

Is the studio located at the Applicant's residence?  Yes  No *If Yes, answer the following two questions:*

Does the studio have a separate entrance?  Yes  No

Is studio separated by a door that can be kept closed during working hours?  Yes  No

Is the studio 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 studio 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 studio in compliance with all local electrical, plumbing, fire and ventilation codes?  Yes  No

Days and hours of operation:

SUN	MON	TUE	WED	THU	FRI	SAT

OFFICE USE ONLY
County
Inspector
PVM
CTI

#### 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 \$55 made payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED.**

**Add \$10 penalty if studio 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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**COSMETIC STUDIO LICENSE APPLICATION INFORMATION**  
**KEEP THIS DOCUMENT FOR YOUR RECORDS**

The Cosmetic Studio 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 studio must submit a copy of either the Lease Agreement or the Bill of Sale from the previous owner.

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

Payment of \$55 (\$50 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 a Cosmetic Studio license. This license is subject to approval by a State Inspector.

Under Oklahoma law, operating a studio 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.

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

Studio owners are required to file a Change Order Request (Form 571) PRIOR to the move.

Failure to comply will result in cancellation of the Studio 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 studios in compliance with all city or county building and zoning codes. State Inspectors may ask to view code compliance certificates during an inspection.



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**AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES  
FORM 398 VERIFICATION OF UNITED STATES CITIZENSHIP  
(If you are NOT a United States Citizen, use Form 399)**

*This form is required by law with several other applications. Read all instructions carefully!*

**Effective November 1, 2007**, Oklahoma law requires all natural persons fourteen (14) years of age or older applying for or renewing a license to verify their lawful presence in the United States by executing a sworn affidavit indicating that the person is either a United States citizen, United States national, a legal permanent resident alien, or a qualified alien (56 O.S. Supp. 2007 § 71).

Complete and submit the appropriate affidavit. **LICENSE APPLICATION OR RENEWAL MAY BE DENIED, SUSPENDED OR REVOKED FOR FAILURE TO COMPLETE AND RETURN THIS AFFIDAVIT AS REQUIRED BY LAW.** Faxed copies are not accepted.

**INSTRUCTIONS FOR COMPLETION OF THE AFFIDAVIT FORM**

If you are a United States citizen (by either birth or naturalization) or a United States national, you must complete the **Option 1 Affidavit (Form 398)**.

If you are a legal permanent resident alien, or otherwise qualified alien, you must submit the **Option 2 Affidavit (Form 399)**. You must also submit documents that support your qualified alien status, such as a front and back copy of your Permanent Resident Alien Card (green card) or a copy of your INS form I-94. The Board will review the completed form and may demand additional information and status documentation as needed to comply with this law. **A new Option 2 Affidavit must be filed annually with your renewal.**

The Affidavit must be notarized. The Board office maintains notary public on staff, and will notarize this Affidavit free of charge.

If you are a legal permanent resident alien, or otherwise qualified alien *who has become either a United States citizen or United States national since you last filed an Option 2 affidavit*, **submit the Option 1 Affidavit with a copy of your Naturalization Certificate.** Upon verification of your Citizenship status, you will no longer be required to file this Affidavit with your annual renewal.



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**AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES  
 OPTION 1 VERIFICATION OF CITIZENSHIP**

PLEASE PRINT CLEARLY. ALL INFORMATION MUST BE COMPLETED. YOUR SIGNATURE MUST BE NOTARIZED.

**AFFIDAVIT OF:**

\_\_\_\_\_  
*Applicant's Name: First, Middle, Last*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Print Applicant's Name*

**of lawful age, being first duly sworn, upon oath states, under penalty of perjury, as follows:**

**I AM A UNITED STATES CITIZEN.**

(NOTARY SEAL)

X \_\_\_\_\_  
*Signature of Applicant*

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_

Commission # \_\_\_\_\_

My commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_



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Two rows of empty rectangular boxes for identification or tracking numbers.

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**AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES  
OPTION 2 VERIFICATION OF QUALIFIED ALIEN STATUS**

**PLEASE PRINT CLEARLY. ALL INFORMATION MUST BE COMPLETED. YOUR SIGNATURE MUST BE NOTARIZED.  
AFFIDAVIT OF:**

\_\_\_\_\_  
*Applicant's Name: First, Middle, Last*

\_\_\_\_\_  
*Applicant's USCIS Number, Alien Registration Number, or Form I-94 Number*

**ATTACH A LEGIBLE COPY OF THE FRONT AND BACK OF THE FEDERAL DOCUMENT THAT ENTITLES YOU TO WORK IN THE UNITED STATES. WE WILL ACCEPT A COPY OF YOUR PERMANENT RESIDENT (GREEN) CARD.**

\_\_\_\_\_  
*Applicant's Social Security Number*

\_\_\_\_\_  
*Applicant's Date of Birth*

\_\_\_\_\_  
*Applicant's Nationality (Country of Origin)*

\_\_\_\_\_  
*Print Applicant's Name*

**of lawful age, being first duly sworn, upon oath states, under penalty of perjury, as follows:**

**I AM A QUALIFIED ALIEN UNDER THE IMMIGRATION AND NATIONALITY ACT,  
AND I AM LAWFULLY PRESENT IN THE UNITED STATES.**

(NOTARY SEAL)

X \_\_\_\_\_  
*Signature of Applicant*

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
State of \_\_\_\_\_ County of \_\_\_\_\_  
Commission # \_\_\_\_\_  
My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_