OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING

2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107
Establishment Department 405.522.7620 • Fax 405.521.2440
www.cosmo.ok.gov

MARY FALLIN
GOVERNOR

SHERRY G. LEWELLING
EXECUTIVE DIRECTOR

COSMETIC STUDIO LICENSE APPLICATION INFORMATION

Keep This Document For Your Records!

Cosmetic Studio License Applicants must meet these requirements and submit this documentation to the Board:

- The Application for Cosmetic Studio License must be completed and notarized.
- If the Applicant is NOT a corporation, he or she must complete the Affidavit Verifying Lawful Presence in the United States, unless the Applicant has already filed the Affidavit with this office. This form must be notarized. Except as provided above, ANY APPLICATION RECEIVED WITHOUT THIS AFFIDAVIT WILL BE REJECTED.
- If the Applicant IS a corporation, a copy of the Certificate of Incorporation from the Secretary of State must be enclosed with this Application. CORPORATE APPLICATIONS RECEIVED WITHOUT THIS CERTIFICATE WILL BE REJECTED.
- Applicants who are assuming operation of an existing studio should submit a copy of either the Lease Agreement or the Bill of Sale from the previous owner, so that the Board may update the previous owner's records.
- If this establishment is a franchise, submit a copy of your franchise agreement.
- 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. Payment should be either by cashier's check or money order. Personal checks are not accepted and will be returned.
- 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 information provided in the affidavit is acceptable, the Board will issue a license. This license is subject to approval by a State Inspector, who will inspect the salon within thirty days after the license is issued.

Under Oklahoma law, operating a studio without a license is a misdemeanor. Applicants who, for any reason, 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. Licenses are transferable from one location to another, *if* the Board is notified in writing prior to the location change. This notification must be notarized. Licensees who move their studios must obtain and submit a Change Order Request to the Board PRIOR to the move.

Licensees are required to report changes in permanent mailing address to the Board immediately. Licensees who sell or close their studios, 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.

Applicants with questions concerning the licensing process are encouraged to contact the License Department directly at (405) 522-7620. Agency staff will gladly offer assistance. Compliance with the Oklahoma State Board of Cosmetology and Barbering Law, Rules, and Regulations is both expected and appreciated.

OFFICE USE ONLY
County
Inspector
PVM
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COSMETIC STUDIO APPLICATION AND AFFIDAVIT

ANSWER ALL QUESTIONS COMPLETELY!

STUDIO INFORMATION:

Studio Name: _____

Address*: _____ Suite or Unit Number, if applicable: _____

If street address is not available, attach specific directions.

City: _____ ZIP Code: _____ Studio Telephone: (_____) _____

A application is being made for:
☐ Cosmetic Studio ($50 license fee + $5 Rule Book = $55 TOTAL DUE)

Date applicant will open or assume operation: _____ / _____ / _____
Is Applicant assuming operation of an existing studio? ☐ Yes ☐ No
- If yes, name and address of current owner: _____
- If yes, submit copy of lease or bill of sale.
- If a franchise, submit copy of franchise agreement.

Is the studio located at the Applicant's residence? ☐ Yes ☐ No
- If yes, is studio separated by a door that can be kept closed during working hours? ☐Yes ☐ No
- If yes, does the studio have a separate entrance? ☐ 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

APPLICANT INFORMATION:

Applicant's Name: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home Telephone: (_____) _____ Social Security Number: _____ - ____ - _____ Date of Birth: ____ / ____ / _____

Does the Applicant hold any other license with this Board? ☐ Yes ☐ No
If yes, what type of license is held? (Check all that apply.) ☐ Instructor ☐ Cosmetologist ☐ Barber ☐ Manicurist ☐ Facialist ☐ Demonstrator ☐ Other
Is a photo of the Applicant enclosed? ☐ Yes ☐ No
- If no, is a photo of the Applicant on file with this Board? ☐ Yes ☐ No • *If both questions are answered NO, photo is required with this application.*

Is a co-owner affiliated with this studio? ☐ Yes ☐ No • If yes, does co-owner hold a license with this Board? ☐ Yes ☐ No
- If yes, co-owner's File Number: _____ • If no, contact the Board for further instructions.

I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.

(SEAL)

_____ _____
Signature of Applicant

_____
Signature of Co-Applicant, if applicable

Subscribed and sworn before me this _____ day of _____ 20 _____
State of _____ County of _____
My commission expires _____

Notary Public _____

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NOTICE!
URGENT!
IMMEDIATE RESPONSE REQUIRED!

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 his or her lawful presence in the United States by executing a sworn affidavit indicating that the person is either a U.S. citizen, U.S. national, legal permanent resident alien, or qualified alien. 56 O.S. Supp. 2007 § 71. You must complete and return either the Option 1 affidavit or the Option 2 affidavit, whichever is applicable.

The appropriate affidavit must be completed and returned within **thirty (30) days**. **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 acceptable.

INSTRUCTIONS FOR COMPLETION OF THE AFFIDAVIT FORM

1. If you are a U.S. citizen (by either birth or naturalization) or a U.S. national, you must complete the **Option 1 Affidavit**.

2. If you are a legal permanent resident alien, or otherwise qualified alien, you must submit the **Option 2 Affidavit**. 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 request additional information and status documentation as needed to comply with this law. **A new Option 2 Affidavit is required each year with your renewal.**

3. You must sign the affidavit in the presence of a notary public or other officer authorized by State law to notarize affidavits. The Board's office is staffed with notaries who are available to provide notary service at no cost to applicants. Office hours are 7:30 AM to 4:00 PM, Monday through Friday, excluding legal holidays. Proper ID is required to complete the notary. **The Board will not accept an affidavit that has not been properly notarized.**

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

OPTION 1 –VERIFICATION OF CITIZENSHIP

[PLEASE PRINT CLEARLY – ALL INFORMATION MUST BE COMPLETED AND YOUR SIGNATURE NOTARIZED]

Affidavit of

_____
[Applicant's Name – First, Middle, Last]

_____
[Social Security Number]

_____
[Date of Birth]

_____, of lawful age, being first duly sworn,
[Print Applicant's Name]

upon oath states, under penalty of perjury, as follows:

I AM A UNITED STATES CITIZEN.

_____
[Signature of Applicant]

Subscribed and sworn to or affirmed before me this ___ day of _____,
20 _____.

_____
Notary

Commission Number: _____
My Commission Expires: _____
State of: _____
County of: _____

S E A L

OPTION 2 – AFFIDAVIT VERIFYING QUALIFIED ALIEN STATUS

[PLEASE PRINT CLEARLY – ALL INFORMATION MUST BE COMPLETED AND YOUR SIGNATURE NOTARIZED]

Affidavit of

_____

Applicant's Name [First, Middle, Last]

_____

Alien Registration Number of Form I-94 Number

NOTE: Attach a legible copy of the front and back of the federal document that entitles you to work in the USA. We will accept a front and back copy of your resident alien (green) card.

_____

Social Security Number

_____

Date of Birth

_____

Nationality [Country or Origin]

_____, of lawful age, being first duly [Applicant's Name]
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.

_____

[Signature of Applicant]

Subscribed and sworn to or affirmed before me this ____ day of _____, 20 _____.

_____

Notary

Commission Number: _____
My Commission Expires: _____
State of: _____
County of: _____

SEAL