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

BEAUTY SALON • BARBER SHOP • NAIL SALON
ESTABLISHMENT LICENSE APPLICATION INFORMATION
Keep This Document for Your Records!

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

- The Establishment License Application/Affidavit 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 establishment 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 $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. 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 an establishment 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.

Establishment 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 establishments 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 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.

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
CTI

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ESTABLISHMENT LICENSE APPLICATION AND AFFIDAVIT

ANSWER ALL QUESTIONS COMPLETELY!

ESTABLISHMENT INFORMATION:

Establishment Name: _____

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

If street address is not available, attach specific directions.

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

For what type of license is application being made? **(Check ONE):**

☐ Beauty Establishment ($45 license fee + $5 Rule Book = $50 TOTAL DUE)
☐ Barber Establishment ($45 license fee + $5 Rule Book = $50 TOTAL DUE)
☐ Nail Establishment ($45 license fee + $5 Rule Book = $50 TOTAL DUE)

Date applicant will open or assume operation: _____ / _____ / _____
Is Applicant assuming operation of an existing establishment? ☐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 establishment located at the Applicant's residence? ☐ Yes ☐ No
• If yes, is establishment separated by a door that can be kept closed during working hours? ☐Yes ☐ No
• If yes, does the establishment have a separate entrance? ☐ 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

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 establishment ? ☐ 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 _____