Oklahoma State Board of Cosmetology

2401 NW 23rd Street, Suite 84
Oklahoma City, OK 73107-2453
Salon Department 405.522.7620 • Fax 405.521.2440
www.cosmo.ok.gov

MARY FALLIN
GOVERNOR

SHERRY G. LEWELLING
EXECUTIVE DIRECTOR

BEAUTY SALON OR NAIL SALON LICENSE APPLICATION INFORMATION

Keep This Document for Your Records!

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

- The Application for Cosmetology Salon License must be completed and notarized.
- The Beauty/Nail Salon License 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 DENIED.
- If the Applicant IS a corporation, a copy of the Articles of Incorporation must be enclosed with this Application. CORPORATE APPLICATIONS RECEIVED WITHOUT ARTICLES OF INCORPORATION WILL BE DENIED.
- Applicants who are assuming operation of an existing salon must submit a Shop Clearance Form from the previous owner, so that the Board may update the previous owner's records. In the event that the previous owner cannot be reached, a copy of the applicant's lease or property title may be submitted instead.
- Payment of $50 ($45 for initial license fee, $5 for an Oklahoma State Board of Cosmetology Rules and Statutes Book) must be enclosed with the application. Payment should be by either 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 salon without a license is a misdemeanor. Applicants who, for any reason, have opened a salon without applying for a license are subject to a $10 penalty fee, and/or other legal recourse available to the Board of Cosmetology.

Salon 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 are moving their salons should obtain a Change of Location Affidavit from the Board.

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

Licensees are responsible for keeping their salons 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 Law, Rules, and Regulations is both expected and appreciated.

Revised January 2011

OFFICE USE ONLY
County
Inspector
CTI

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OFFICE USE ONLY	
Op Lic Verified	
Ind	Shop
Clearance	
R/R	S/S
PVM	

BEAUTY SALON/ NAIL SALON LICENSE AFFIDAVIT

The Application for Cosmetology Salon License must be attached.

Applicant's Name: _____

Salon Name: _____

Salon Address (Street or Box): _____ Suite/Unit Number: _____

City _____ Zip Code: _____ County: _____

Salon Telephone: ( ) _____ Applicant's Home Telephone: ( ) _____

File Number: _____

If no street address is available, give specific directions to salon location: _____

_____

Circle days salon will be open: Sunday Monday Tuesday Wednesday Thursday Friday Saturday
Hours of Operation: _____

Date salon will open, or date new owner will assume operation: _____

What services will the salon provide? Check all that apply: ☐ Hair Styling ☐ Nail Services ☐ Facial Services

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 ☐ Manicurist ☐ Facialist ☐ Demonstrator

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 the answer to both questions above is NO, a photo MUST be included with this application.*

Is the Applicant assuming operation of an existing salon? ☐ Yes ☐ No
• If yes, name and address of current salon owner:_____
_____

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

Is the salon 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 salon located inside, or part of, another business, such as a department store or tanning salon? ☐ Yes ☐ No
• If yes, name of other business: _____

Has the salon met all local electrical, plumbing, fire and ventilation code requirements? ☐ Yes ☐ No

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

(SEAL)

_____ _____
*Signature of Salon **Co-Owner, if applicable*** *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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APPLICATION FOR COSMETOLOGY SALON LICENSE

The Beauty Salon/Nail Salon Affidavit is part of this application and must be attached.

PRINT SALON OWNER'S NAME AND **HOME** ADDRESS IN THIS BOX:

File #_____
(office use only)

▶ **Applicant, Notify This Office Immediately of Any Change of Address**

Owner's Social Security #: _____ Home Phone: _____ Birth Date: _____

PRINT SALON NAME AND **PHYSICAL** ADDRESS IN THIS BOX:

Salon Mailing Address, if different
(Physical location will appear on license):

_____

_____

▶ **FEES** - Send Cashier's Check or Money order made payable to OSBC. **PERSONAL CHECKS ARE NOT ACCEPTED.**

☐ Initial Beauty Salon - $45.00 + $5.00 for a Rule Book	☐ Initial Nail Salon - $45.00 + $5.00 for a Rule Book
Total Due - $50.00	Total Due - $50.00

▼ ▼ ▼ **Application must be signed before a Notary Public or it will be returned to you!** ▼ ▼ ▼

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

(SEAL)

_____
Signature of Primary Salon Owner

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 Nov. 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 a.m. to 4:00 p.m, 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]

_____, 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: Applicant must 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: _____

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