



Oklahoma State Board of Cosmetology

2401 NW 23rd Street, Suite 84
Oklahoma City, OK 73107-2453
Studio 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.
- The Cosmetic Studio 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 cosmetic studio 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 \$55 (\$50 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), 2" x 3" full face photograph. This rule does not apply to corporations.

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 studio within thirty days after the license is issued.

Under Oklahoma law, operating a cosmetic studio 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.

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 are moving their studios 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 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 Law, Rules, and Regulations is both expected and appreciated.

OFFICE USE ONLY	
County	
Inspector	
CTI	

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OFFICE USE ONLY	
Op Lic Verified	
Ind	Shop
Clearance	
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PVM	

COSMETIC STUDIO LICENSE AFFIDAVIT

The Application for Cosmetic Studio License must be attached.

Applicant's Name: _____

Studio Name: _____

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

City _____ Zip Code: _____ County: _____

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

File Number: _____

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

Circle days studio will be open: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours of Operation: _____

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

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 studio? Yes No

• If yes, name and address of current studio owner: _____

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 business sign prominently displayed? Yes No

Does the studio have hot and cold running water? 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: _____

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

I understand that all employees who do not hold either a Cosmetologist/Operator or Facialist license must apply for and obtain a Demonstrator license from this Board. I also understand the limitations placed by law upon Demonstrator licensees. Yes No

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

(SEAL)

 Signature of Studio 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 COSMETIC STUDIO LICENSE

The Cosmetic Studio 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.**

<input type="checkbox"/> Initial Cosmetic Studio - \$50.00 + \$5.00 for a Rule Book
Total Due - \$55.00

▼ ▼ ▼ **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: _____

S E A L