**OSBCB FORM 501**Revised 07/24



**ESTABLISHMENT LICENSE APPLICATION - INDIVIDUAL OWNER
Affidavit Verifying Lawful Presence (Form 390) is part of this application and must be attached.
*Corporations or LLCs wishing to obtain an Establishment License must file Form 510.***

**Include cashiers check or money order for appropriate fee payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED.**

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| **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 405.521.2441 • Oklahoma.gov/cosmo** |

**J. KEVIN STITT**

**Governor**

**Leah Longest**

**Board Chair**

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| --- |
| For what type of establishment is application being made?(SELECT ONE ONLY AND SUBMIT APPROPRIATE FEE) |
| [ ]  Beauty Establishment **$50** | [ ]  Barber Establishment **$50** |
| [ ]  Nail Establishment **$50** | [ ]  Cosmetic Studio **$55** |

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| --- |
| Is Applicant taking over an existing establishment? [ ]  Yes [ ]  NoIf YES, submit copy of either bill of sale or new lease.The Board may require further documentation upon review of this application. |

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| **OFFICE USE ONLY** |
|  County | Inspector |

Establishment Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_ Establishment Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If street address is not available, attach specific directions. Indicate Suite Number, if applicable. If a Salon Suite, Booth Number is required.*

Date applicant will open or assume operation: \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_

ADD $10 PENALTY TO LICENSE FEE IF APPLICATION IS MADE AFTER THIS DATE

Indicate establishment’s business hours:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SUN** | **MON** | **TUE** | **WED** | **THU** | **FRI** | **SAT** |
|   |  |  |  |  |  |  |

Is the establishment located at the Applicant’s residence? [ ]  Yes [ ]  No *If Yes, answer the following two questions:*

 Does the establishment have a separate entrance? [ ]  Yes [ ]  No
 Is establishment separated by a door that can be kept closed during working hours? [ ]  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

**APPLICANT INFORMATION**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hfff Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cvcsds City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Socia Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*RESIDENCE ADDRESS REQUIRED BY LAW (§59-199.3-B-3). PO BOX IS ACCEPTABLE*

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 and Affidavit Verifying Lawful Presence (Form 390) must accompany this application.

Are you receiving government assistance, or at 140% or less of poverty level? [ ]  Yes [ ]  No If so, provide documentation.

*I solemnly swear that the foregoing statements are true and correct.*

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

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

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

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

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Seal Here

Notary Seal Here

