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OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING  
ADVISORY BOARD ON MASSAGE THERAPY  
2401 NW 23rd Street, Suite 74, Oklahoma City, OK 73107-2453  
Establishment Department 405.521.2441 • Oklahoma.gov/cosmo

J. KEVIN STITT  
Governor  
Leah Longest  
Board Chair

**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.

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

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

City: \_\_\_\_\_ *If street address is not available, attach specific directions.* ZIP: \_\_\_\_\_ *Indicate Suite Number, if applicable. If a Salon Suite, Booth Number is required.* Establishment Telephone: \_\_\_\_\_

For what type of establishment is application being made? (SELECT ONE ONLY AND SUBMIT APPROPRIATE FEE)	
<input type="checkbox"/> Beauty Establishment \$65	<input type="checkbox"/> Barber Establishment \$65
<input type="checkbox"/> Nail Establishment \$65	<input type="checkbox"/> Cosmetic Studio \$70

Date applicant will open or assume operation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADD \$10 PENALTY TO LICENSE FEE IF APPLICATION IS MADE AFTER THIS DATE

Is Applicant taking over an existing establishment?  Yes  No  
If YES, submit copy of either bill of sale or new lease.  
The Board may require further documentation upon review of this application.

Indicate establishment's business hours:

SUN	MON	TUE	WED	THU	FRI	SAT

OFFICE USE ONLY	
County	Inspector

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

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

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_  
RESIDENCE ADDRESS REQUIRED BY LAW (\$59-199.3-B-3). PO BOX IS ACCEPTABLE

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

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

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 \_\_\_\_\_

