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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 – CORPORATE OR LLC OWNER
Individuals wishing to obtain an Establishment License must file Form 501.
Include cashiers check or money order for appropriate fee payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED.
PROVIDE CERTIFICATE FROM SECRETARY OF STATE PROVING EXISTENCE OF CORPORATION OR LLC.

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 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

Corporate Address _____ Apt/Suite # _____

City _____ State _____ ZIP _____

Phone _____

Does this Corporation hold any other license with this Board? Yes No If yes, indicate File Number: _____

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 _____