



STATE BOARD OF BARBER EXAMINERS
 5717 Balcones Dr. Ste. 217
 Austin, Texas 78731
 512-458-0111

INSPECTOR USE ONLY		
Inspector	_____	
Date	_____	
Appv'd	Yes	No

APPLICATION FOR BARBER SHOP PERMIT

(Fill in ALL blanks and submit with a \$60 Money Order or Cashier's Check)

NO PERSONAL CHECKS

Incomplete or incorrect applications are subject to a \$10.00 re-processing fee

Permit to issued to (Barber's Name) _____ SS# _____

(Owner's Name) _____ SS# _____

Barber File # _____ Exp Date _____ TDL-BARBER _____
 TDL-OWNER _____

Shop Name _____

Shop Address _____ Shop Telephone: _____

City _____ County _____ Zip _____

Date shop will open or barber will start working _____ Barber Shop _____ Barber/Beauty Shop _____

Days shop is open _____ Business Hours _____ Cosmetology Salon License # _____

Is shop incorporated in Texas? Yes _____ No _____ Are franchise taxes paid? Yes _____ No _____

DESCRIPTION OF SHOP			
Square Footage _____	Dry Sterilizer _____	Wet Sterilizer _____	Enclosed Towel Cabinet _____
# of Barber Chairs _____	# of Entrances _____	# of Restrooms _____	# of Sinks _____
Optional Barber Pole _____	or 12" high decal _____		
ADDITIONAL INFORMATION REQUIRED FOR CHANGE OF ADDRESS, SHOP NAME, OR OWNER			
Former Owner _____	Shop Permit # _____		
Former Shop Name _____			
Previous Address _____	City _____	Zip _____	

TO THE STATE BOARD OF BARBER EXAMINERS, I hereby certify that:

- 1) I agree to comply with the Texas Barber Law, the Board's General Rules of Practice and Procedure, and the Rules and Regulations of the Texas Health Department. Failure to do so may be cause to deny, suspend or revoke any permit issued hereunder, and may result in criminal prosecution.
- 2) The information submitted herein is true, correct, and complete, and may be relied upon to issue a Barber Shop Permit.
- 3) I understand that a temporary Barber Shop Permit will be issued to me, subject to inspection of the shop. If all requirements have not been met, the inspector will return the permit to the State Board, and I agree to close and/or cease the practice of barbering until the shop achieves compliance.
- 4) I understand that any false statements on corporate franchise tax status are grounds for cancellation or suspension of shop permits. (H.B. 175, Acts of 70th Legislature, 1987)

Revised 06/26/2002

 Signature of Barber Date

 Signature of Owner Date