



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 MANICURIST SPECIALTY SHOP PERMIT

(Fill in ALL blanks and submit with a \$50 Money Order or Cashiers Check)

**NO PERSONAL CHECKS**

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

Permit issued to (Manicurist) \_\_\_\_\_ SS# - -

File # \_\_\_\_\_ Ex Date \_\_\_\_\_ Tx DL# \_\_\_\_\_

Shop Name \_\_\_\_\_ Shop Telephone - -

Shop Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Date shop will open or manicurist will begin work \_\_\_\_\_ Manicurist Specialty Shop only

Days shop is open \_\_\_\_\_ Business Hours \_\_\_\_\_ Dual Specialty Shop/Cosmetology & \_\_\_\_\_

If Dual, Cosmetology 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 Manicure Tables _____	# of Entrances _____	# of Restrooms _____	# of Sinks _____
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 Manicurist Specialty Shop Permit.
- 3) I understand that a temporary Manicurist Specialty 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 manicuring 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 )

