



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

BARBER AND COSMETOLOGY SCHOOL CHANGE OF LOCATION APPLICATION INSTRUCTIONS

Each entity looking to change the location of a Barber and Cosmetology School license shall provide an application in compliance with Title 9, Occupations Code, Chapter 1603 and all TDLR established guidelines and criteria for a Barber and Cosmetology School.

1. School Name – Write the legal name of the school.
2. Application Fee – \$225.00 (Fee is non-refundable)
3. New School Physical Address – Write the physical address of the School. This address is the actual business location of the School and where permanent records must be kept for auditing and inspection purposes. A post office box is not acceptable for the physical address.
4. New School Mailing Address – Write the mailing address of the new location being applied for. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently. Enter the business phone number, email address and website address. This is the address the Department will mail all correspondence. NOTE: When you provide your email address you agree to the following Email Disclosure Statement: "By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law."
5. Previous Physical Address and License Number – Write the address and license number of the previous physical address.
6. Is there an Establishment attached to the school location? If yes, provide the school license number.
7. Statement of Applicant – Carefully read the statement before dating and signing your application. The application must be signed by the owner and/or officer of the school. Be sure to print name, sign, and date the application.

An application is not considered complete and will not be processed until all sections of the application have been completed and all documents have been received. Applications are processed in the order received. Our division cannot specify the length of time it will take to approve an application. During the application review process, you will be notified in writing of any discrepancies/requirements not met.

SEND YOUR COMPLETED APPLICATION TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

For additional information and questions, please visit the [Texas Department of Licensing & Regulation web page](#) or reach the [Education and Examination Division via web form](#) where you can submit your request for assistance and include attachments as needed.

REQUIRED DOCUMENTS

- \$225.00 Application Fee (Fee is non-refundable)
- Completed Application (this form must be completed in its entirety where applicable)
- Proof of ownership of building or proof of lease for the first 12 months of operation.

INSPECTION PROCESS

Once school application requirements have been met, the school must be inspected. The School owner/representative must request the initial school inspection from the department. Upon receipt of the request, the inspector will contact the owner/representative to schedule the date for initial inspection.

In order to be eligible for inspection, all equipment must be installed and the school must be ready to open.

SCHOOLS CANNOT MOVE, OPERATE OR ENROLL STUDENTS AT THE NEW LOCATION UNTIL THE INSPECTION HAS BEEN PASSED AND THE SCHOOL PERMIT HAS BEEN ISSUED.

ALL REQUIREMENTS MUST BE MET WITHIN 12 MONTHS OF THE FILING DATE OR THE APPLICATION WILL BE TERMINATED.



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1. School Name:

2. Application Fee:

\$225.00

3. New Physical Address: (P.O. BOX is not allowed)

Number, Street Name, Suite Number/Building Number, City, State, Zip Code

4. New Mailing Address:

Number, Street Name, Suite Number/Building Number, City, State, Zip Code

School Website Address

School Phone Number

School Email Address

5. Previous Physical Address and License Number:

Number, Street Name, Suite Number/Building Number, City, State, Zip Code

License Number

6. If there is an establishment attached to the school provide the establishment license number: _____

7. STATEMENT OF APPLICANT

By signing this application, I certify all information submitted on this application is true and accurate. I certify that I will comply with all applicable provisions of the Texas Occupation Code, Chapters 51, and 1603; Texas Administrative Code, Title 16, Chapter 60 and the Barber and Cosmetology Administrative Rules, Texas Administrative Code, Title 16, Chapter 83. I understand that providing false information on this application may result in revocation of our license or the approval being requested and the possible imposition of administrative penalties.

Printed Name of Owner, Officer or Authorized Representative

Title

Signature of Owner, Officer, or Authorized Representative

Date