

Salon License Renewal Application

Submit a complete application to the address listed above with fee payment by check or money order payable to Board of Cosmetology. Incomplete applications are returned for corrections, which will delay renewal and possibly result in a late renewal penalty. A license becomes eligible for renewal 10 weeks before its expiration date. Faxed or emailed applications are not accepted. Applications are processed within 15 business days of receipt. Please allow for the full processing time.

IMPORTANT: Complete all application fields. Initials and signatures must be original. Photocopies will not be accepted. Submit this application by mail or in person to the Board office, or renew online at mn.gov/boards/cosmetology.

If a complete and accurate application is not received in the Board office by your license expiration date, a \$50 late renewal penalty is owed.

Salon licenses may only be late renewed up to six months past the license expiration date. After six months, a new Salon License Application is required.

Salon Renewal Fees \$225—on-time renewal \$275—expired less than six months

Salon Information

Salon Name/DBA	
Tax ID <small>(only sole proprietors can use SSN)</small>	
Street Address	
City, State, Zip Code	
Phone Number	
Email Address	
License Number	
License Expiration Date	

Salon Owner Information

8/2017

Owner/Company Name	
Business Type (LLC, sole proprietor, corporation, etc)	
Owner Mailing Address	
Owner Email Address	
I, the owner listed above, certify that the ownership of my salon has not changed from the owner listed on our most recent license.	
Owner Initials Here →	<input type="text"/>
If salon ownership has changed—including but not limited to its business structure—the most recent license is <u>invalid</u> and a new Salon License Application is required.	

Designated Licensed Salon Manager (DLSM) Acknowledgments

DLSM Name	
License Type	
License Number	
License Expiration Date	

I, the licensee listed above, certify that I am the designated licensed salon manager and am responsible under MN Rule 2105.0390 for ensuring the compliance of the salon with MN Statutes 155A and MN Rules 2105. These responsibilities include, but are not limited to:

- Ensuring that the salon license is current and posted.
- Ensuring that the active and current licenses of all employees and independent contractors (including myself) are posted.
- Ensuring that each practitioner in the salon is currently licensed in Minnesota for the services provided by that practitioner to customers.
- Ensuring that all practitioners, including nonemployees, who perform licensed services in the salon are in compliance with all provisions of MN Statutes 155A and MN Rules 2105.
- Notifying the Board immediately in writing if I am no longer the designated licensed salon manager and am no longer responsible for this salon's compliance with MN laws and rules.
- I understand that I may personally be assessed a civil penalty of up to \$2,000 per violation of MN Statutes 155A and MN Rules 2105.
- I understand that I may be the designated licensed salon manager at only one salon at a time.

Salon Insurance Information

Professional Liability Insurance Information

Name of Insurance Company	
Professional Liability Policy #	
Name of Insurance Agent	
Agent's Phone Number	

RESPONSE REQUIRED: Does your salon have employees? This includes practitioners, receptionists, maintenance workers, etc. Yes. No.

FILL OUT IF "YES" ABOVE: Workers Compensation Insurance Information

Name of Insurance Company	
Workers Comp Policy #	
Name of Insurance Agent	
Agent's Phone Number	

Application Certification

I certify that the information submitted within this application is true and correct. I also certify that this document has not been altered or changed in any manner from the form adopted by the Board of Cosmetology. Further, I have read and acknowledge receiving the Tennessee Warning.



DLSM Signature _____

Date _____

Salon Owner Signature _____

Date _____

TENNESSEN WARNING: The data which you furnish on this application will be used by the Board to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the Board may be unable to process this application. While your licensure is pending, the information submitted, except your name and address, are considered private and will generally not be disclosed outside the Board. In circumstances authorized or required by law, however, it may be disclosed to others including persons contacted for purpose of verification or investigation, and the Attorney General's Office. Certain information on the application, including your Social Security number (SSN), will be provided to the Minnesota Department of Revenue at its request. If the matter of your licensure becomes contested, the information submitted on an application may become public. After issuance of a license, all information contained in this application, except your SSN, will be public information pursuant to Minnesota Statutes Chapter 13. Before the Board issues a license, individuals and businesses are required by Minnesota Statutes to provide certain data. Individuals: Social Security numbers are required by Minnesota Statutes 270C.72. Businesses: Minnesota business identification number and information requested concerning Workers Compensation Insurance are required by Minnesota Statutes. Pursuant to Minnesota Statutes 604.113 and 609.535, the Board is authorized to charge a service charge of \$30.00 for any check that is returned for non-sufficient funds.

For Board Office Use Only	Amount:	C/MO/R#:	Processor:	Date:
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