

Retired License Renewal for Practitioners

Use this application to renew an Operator or Salon Manager license that is eligible for renewal or expired.
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.

License Fees You must renew your license as the same license type you hold.

- | | |
|---|---|
| Operator Renewal | Salon Manager Renewal |
| <input type="checkbox"/> \$115—on-time renewal | <input type="checkbox"/> \$145—on-time renewal |
| <input type="checkbox"/> \$160—late renewal/expired | <input type="checkbox"/> \$190—late renewal/expired |

If a complete and accurate application is not received in the Board office by your license expiration date, a \$45 late renewal penalty will be owed. (This fee is included in the late renewal amounts printed here.)

IMPORTANT: Retired licenses were formerly known as inactive licenses. Retired licensees are not eligible to provide services. Use this application if you are no longer practicing cosmetology but wish to maintain your license. Fees are the same for active and retired renewal. Submit your application by mail or in person to the Board office, or renew online at mn.gov/boards/cosmetology.

Licensee Information

| |
|---------------------------------------|
| First Name, Last Name |
| Date of Birth mm/dd/yyyy |
| Social Security Number xxx-xx-xxxx |
| Street Address |
| City, State, Zip Code |
| Phone Number |
| Email Address |
| License Number |
| License Expiration Date |

Retired Licensee Acknowledgments

9/2018

By signing this application, I acknowledge the following, A—E:

- A) I, the licensee listed on this application, acknowledge that I am applying for a retired license.
- B) I acknowledge that as a retired licensee, I am not authorized to practice cosmetology as defined by MN Statutes 155A.23, subdivision 3.
- C) I acknowledge that as a retired licensee, I may personally be assessed a civil penalty of up to \$2,000 for practicing cosmetology per violation of MN Statutes 155A and MN Rules 2105.
- D) I acknowledge that if I wish to return to cosmetology practice, I must complete all active renewal requirements, including reapplication, per requirements of MN Rules 2105.0205(B) and 2105.0215.
- E) I acknowledge that retired licenses expire on the three-year license cycle and must be renewed to remain current per MN Rules 2105.0205(A).

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.

Licensee Signature

Date

| | | | | |
|---------------------------|---------|----------|------------|-------|
| For Board Office Use Only | Amount: | C/MO/R#: | Processor: | 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.