

# Salon Manager License Application

Submit a complete application and fee payment by mail or in person to the address listed above.  
Incomplete applications are returned for corrections, which will delay licensure.  
Please allow for the full processing time.

**The following must be submitted for your application to be processed:**

- **Completed Application**
- **Fee: \$195 (processing within 15 business days) or \$345 (expedited processing within 5 business days)**  
Checks or money orders may be made payable to Board of Cosmetology. Fees are deposited the first business day after receipt. Processing time begins when your application and payment are received in the Board office. Business days do not include weekends or state determined holidays. Incomplete applications will be returned for corrections and subject to additional processing upon receipt back in the Board office.
- **Current Operator License Number**  
Your license must be active. Once a Salon Manager License is issued, an Operator License does not need to be maintained or renewed.
- **Experience Verification showing at least 2700 hours of licensed practice within the past three years**  
The hours can be obtained in any state in which you are licensed to practice.
- **Original passing results from the Minnesota Salon Manager Examination**  
You must take and pass the Salon Manager Exam and attach the original score report to this application. Exam results are valid for one year. To schedule this exam, contact PSI at 1-800-733-9267 or [www.psiexams.com](http://www.psiexams.com).

If you already have an active salon manager license in one discipline and would like to advance your active Operator License in a different discipline to a Salon Manager License, you may apply for a Salon Manager License using this application WITHOUT retaking the Salon Manager Exam or submitting Experience Verification. Simply complete sections 1, 3, and 4 and submit the application and fees (see above) to the Board office.

## 1. Applicant Information

9/2018

First Name, Last Name	Street Address	
Social Security Number xxx-xx-xxxx	City, State, Zip Code	
Phone Number	Email Address	
Operator License Number	License Expiration Date	
License Type Sought (Check One)	<input type="checkbox"/> Cosmetologist <input type="checkbox"/> Nail Technician	<input type="checkbox"/> Esthetician <input type="checkbox"/> Eyelash Technician

*NOTE: Salon Manager Licenses may only be issued for the license type currently held.*

## 2. Experience Verification

You must have at least 2700 hours of licensed work experience in a salon within the past three years. Any unlicensed work experience or hours accumulated more than three years prior to application submission will not be counted toward the 2700 hour minimum. If you do not provide all salon information, including salon license numbers, your application will be returned as incomplete. This will delay your licensure.

**Important:** Inaccurate or incomplete hours are the primary reason applications are returned or denied. Please ensure you provide accurate information in this section. Fraudulent application information may result in penalty.

Total hours of licensed practice within the past three years:

	Salon #1	Salon #2	Salon #3
Salon Name			
Salon License Number			
Salon Owner			
Salon Phone Number			
Salon City, Zip Code			
Employment Start Date			
End Date or "Current"			
Average Hours Per Week			

In this box, list any significant time periods within the time frames listed above in which you did not work. These time periods will be deducted from your total time.

**For Board Office Use Only**

Total Eligible Hours:	Hours: Weeks: Total:	Hours: Weeks: Total:	Hours: Weeks: Total:
Amount:	C/MO/R#:	Application Number:	
Date Processed:	Staff Initials:	License Number:	

### 3. Additional Applicant Information

1. List all states, other than Minnesota, in which you have held a cosmetology license. For each state, list the license type.  _____	
2. Have you ever been the subject of any inquiry or investigation by any division of the Board of Cosmetology, or Office of the Attorney General? <i>If yes, attach a detailed and signed explanation with copies of all letters of inquiry and resolution.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever held a cosmetology license which has been censured, suspended, revoked, canceled, terminated or been subject to any type of administrative or disciplinary action in any state including Minnesota? <i>If yes, you must attach the following:</i> <input type="checkbox"/> A detailed and signed explanation identifying the type of license and the circumstances of each incident. <input type="checkbox"/> A copy of the Notice of Hearing or other document that states the charges and allegations. <input type="checkbox"/> A copy of the official document which establishes the resolution of the charges or any final judgment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been notified by the Commissioner of Revenue, pursuant to Minnesota Statutes Section 270C.72, that you currently owe the State of Minnesota any delinquent taxes? <i>If yes, attach a detailed and signed explanation with documentation from the Department of Revenue showing the debt has been paid in full or an approved payment plan is in process.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Licensee Responsibility

**You, as a licensed salon manager, will be responsible for the following:**

**○ License Renewal**

Your license will expire on the last day of your birth month in the third year of your license cycle. If you fail to renew on or before that date, your license will expire and you will not be eligible to work. Late fees will be applied to any license that is not renewed on time. Current renewal requirements and applications are available at [mn.gov/boards/cosmetology](http://mn.gov/boards/cosmetology).

**○ Verification of Salon License**

If you are working in a salon, it is your duty to ensure it has a current license.

**○ Proper Managing**

If you are a Designated Licensed Salon Manager (DLSM), you are responsible for ensuring compliance with all applicable laws and rules. This includes, but is not limited to, awareness of others' operator or salon manager licenses and their statuses, record retention, and safety and infection control. Civil penalties of up to \$2,000 per violation can be assessed to you, to other practitioners, and/or to the salon for not following laws and rules established by the Board.

**○ Notice of Changes**

If you change your legal name or address, you must notify the Board within 30 days of the change. Address changes may be completed online at [mn.gov/boards/cosmetology](http://mn.gov/boards/cosmetology). Name changes must be reported by completing a Name Change Form and submitting it to the Board office by mail or in person with proper documentation and fee payment required by Minnesota Statutes Section 155A.25. Per Minnesota Rule 2105.0190, subpart 2, a cosmetology license in your former name is invalid as of the 31st day of your new legal name.

### 4. 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.

**Applicant 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.