

School License Renewal Application

Complete sections 1-8 of this application to renew a School License.

4/2021

This application must be submitted to the Board office at least 30 days prior to the School License expiration date.

- A School License becomes eligible for renewal 10 weeks before the expiration date.
- Incomplete applications may delay renewal and result in a late renewal penalty.
- If a renewed school license has not been issued by the expiration date, the school is considered delinquent. The school licensee and Designated School Manager (DSM) are subject to inspection fines and penalties in Minnesota Statute and Rule.
- If a complete renewal application is not received by the Board within 30 days after the license expiration date, the school license is not eligible for renewal, and the school must reapply for a school license as a new applicant.
- The Board must not accept or recognize student hours earned on or after the 31st day of the school's license expiration.

Section 1: Renewal Fee

The renewal fee may be paid by check or money order made payable to Board of Cosmetology.

- \$2,500—on-time renewal
- \$2,550—late renewal *If the application is received at the Board office after the School License expiration date, a late fee of \$50 is required.*

Section 2: General School Information

| | |
|---|---|
| School Legal Name <i>Corporation, LLC, etc.</i> | |
| Assumed Name/DBA Name <i>DBA = Doing Business As</i> | Minnesota State Tax ID Number <i>7 digit number issued by MN Dept. of Revenue SSN or ITIN only accepted for sole proprietors</i> |
| School Street Address <i>Include suite #, P.O. Box if applicable</i> | City, State, Zip Code |
| County | Phone Number |
| School Email Address <i>To be used for Board correspondence</i> | Website |
| Current School License Number | Current School License Expiration Date |
| Days and Times School is Open for Instruction: | |
| Monday: _____ | Tuesday: _____ |
| Wednesday: _____ | Thursday: _____ |
| Friday: _____ | Saturday: _____ |
| Sunday: _____ | |

Section 3: Designated School Manager (DSM) Information

| | |
|--|---|
| DSM First and Last Name | DSM School Manager License Number and Expiration Date |
| DSM Salon Manager License Number and Expiration Date <i>The DSM must maintain an active Salon Manager License</i> | |

| | | | | |
|--------------------|---------|---------|------------|-----------------|
| For Board Use Only | Amount: | C/MO #: | Processor: | Date Processed: |
|--------------------|---------|---------|------------|-----------------|

Section 4: Training Course Curricula

Indicate which initial licensure training course(s) the school offers:

- 1,550 hour Cosmetology Course 600 hour Esthiology Course 350 hour Nail Technology Course
- 38 hour Eyelash Technology Course 500 hour AP Esthiology Course 1,100 hour Esthiology/AP Esthiology Course

In addition to initial licensure training courses, the school may also offer the following training course:

- Instructor Training Course

If the school is seeking approval of a new training course curriculum, or a change to a previously approved curriculum: Complete all required sections in Appendix A to report the school's proposed training course curricula. Use one Appendix A per training course.

OR

If the school has received a course curriculum approval letter from the Board and the curriculum has not changed since the date the letter was issued, it may be submitted in place of Appendix A. Attach a copy of the relevant letter(s) to this application submission.

Important Reminders:

- Schools must apply for and receive Board approval prior to offering a new training course, or implementing a change to the curriculum of a previously approved training course.
- If courses will be offered concurrently, the school must have sufficient classroom and clinic space available, and sufficient instructors staffed for each course.

Section 5: Insurance Information

Schools must carry two types of insurance: *Professional Liability Insurance* and *Worker's Compensation Insurance*.

Attach a Certificate of Insurance — Label as Section 5.

The certificate must show:

- an active Professional Liability Insurance policy with coverage of at least \$150,000 for each policy year for the school, school employees and students. "Professional Liability Insurance" must be explicitly listed.
- continued Workers Compensation Insurance, in compliance with [Minnesota Statutes, section 176.182](#).
- the school name and address. Both must match the information disclosed within the application, and be shown on the certificate as the insured or specifically noted in the description of operations.

Important: A Certificate of Insurance (COI) is a specific document that is typically a single page. Insurance declarations, endorsements, binders, etc. are not accepted as substitutes for a Certificate of Insurance.

Section 6: Surety Bond

Schools must maintain a continuous corporate surety bond* ([Minnesota Statute 155A.30 Subd. 5, 8](#)).

Attach a current Corporate Surety Bond and a summary explanation of the bond amount — Label as Section 6.

Important:

- Schools must base the bond amount on no less than ten percent of the preceding year's gross income from student tuition, fees, and other required institutional charges .

Note: The bond amount must total at least \$10,000.

Example Formula:

Gross income: \$350,000

Ten percent of gross income: \$35,000

Required surety bond amount = \$35,000 (minimum)

- The bond must run specifically to the Minnesota Board of Cosmetologist Examiners. A bond required by another agency does not satisfy this requirement.
- A separate bond is required for each school location. One bond cannot be used for multiple locations.
- The bond must be issued using the Board’s Bond Form. Please request the school’s bond provider contact the Board office for the current Bond Form.

**The state and political subdivisions as described in [Minnesota Statute 13.02 Subd. 11](#), and public schools designated under Minnesota Statute [Minnesota Statute 136F.10](#), are exempt.*

Section 7: Instructor Roster

Provide a roster of the school’s instructors — Label as Section 7.

Use the templates provided below and on the next page (page 4) to report the school’s instructor roster. Complete all fields for every individual currently on the school’s instructor roster including full-time, part-time, and substitute instructors. Print and use additional templates if necessary. Attach all completed templates to the application.

Important:

Schools must demonstrate and maintain sufficient instructor staffing levels in accordance with [Minnesota Rules 2110.0630](#).

| | |
|---|--|
| Instructor Name <i>First and last</i> | |
| Instructor License Type(s) | |
| Instructor License Number(s) | |
| Instructor License Expiration Date(s) | |
| Underlying License Type(s) | |
| Underlying License Number(s) | |
| Underlying License Expiration Date(s) | |
| Employment Status <i>Full-time, part-time, substitute</i> | |
| Work Schedule <i>Specify days and hours to be scheduled</i> | |
| Courses to be Taught <i>Specify which courses the individual will teach</i> | |

Section 7: Instructor Roster (continued)

Print and use additional templates if necessary. Attach all completed templates to the application.

| | |
|---|--|
| Instructor Name <i>First and last</i> | |
| Instructor License Type(s) | |
| Instructor License Number(s) | |
| Instructor License Expiration Date(s) | |
| Underlying License Type(s) | |
| Underlying License Number(s) | |
| Underlying License Expiration Date(s) | |
| Employment Status <i>Full-time, part-time, substitute</i> | |
| Work Schedule <i>Specify days and hours to be scheduled</i> | |
| Courses to be Taught <i>Specify which courses the individual will teach</i> | |

| | |
|---|--|
| Instructor Name <i>First and last</i> | |
| Instructor License Type(s) | |
| Instructor License Number(s) | |
| Instructor License Expiration Date(s) | |
| Underlying License Type(s) | |
| Underlying License Number(s) | |
| Underlying License Expiration Date(s) | |
| Employment Status <i>Full-time, part-time, substitute</i> | |
| Work Schedule <i>Specify days and hours to be scheduled</i> | |
| Courses to be Taught <i>Specify which courses the individual will teach</i> | |

| | |
|---|--|
| Instructor Name <i>First and last</i> | |
| Instructor License Type(s) | |
| Instructor License Number(s) | |
| Instructor License Expiration Date(s) | |
| Underlying License Type(s) | |
| Underlying License Number(s) | |
| Underlying License Expiration Date(s) | |
| Employment Status <i>Full-time, part-time, substitute</i> | |
| Work Schedule <i>Specify days and hours to be scheduled</i> | |
| Courses to be Taught <i>Specify which courses the individual will teach</i> | |

Request for Additional School Information

In an effort to gather additional information about the school, the Board requests that schools disclose the names of any other licensing or accrediting entities that currently oversee or will oversee the school. These may include, but are not limited to the entities listed below.

Minnesota Office of Higher Education (Post-secondary institutional licensure, state grants)

- Yes
- No
- In-progress

National Accrediting Commission of Career Arts and Sciences (Accreditation for private post-secondary institutions)

- Yes
- No
- In-progress

Higher Learning Commission (Regional accreditation for degree-granting post-secondary institutions)

- Yes
- No
- In-progress

US Department of Education (Title IV funding, financial aid)

- Yes
- No
- In-progress

Other entity (Please provide name, description, and status): _____

TENNESSEN WARNING NOTICE: The information you as an individual provide on this application will be used by the Board to assess your qualifications for licensure. It may also be used to determine whether you have violated any statutes or rules the Board is empowered to enforce. You are not legally required to complete this application; however, if you fail to do so, the Board will be unable to process this application or issue a license. If the information provided shows a violation of any statutes or rules enforced by the Board, you may be subject to disciplinary action by the Board including the assessment of civil penalties. Using fraud or deception to obtain a license may be used as a basis for disciplinary action. Further, if you choose to apply, Minnesota Statutes § 270C.72, subd. 4 requires that you provide your social security number or individual taxpayer identification number for the purpose of identifying individuals owing delinquent taxes. Upon the Minnesota Department of Revenue's request, the Board must provide it with a list of all applicants, including their name, address, business name and address, and social security number or individual taxpayer identification number.

Except for your name and address, application information on individuals is private data while the application is pending and generally will not be disclosed outside of the Board and its staff. In circumstances authorized or required by law, however, the information may be disclosed to others, including the Attorney General's Office, the Minnesota Department of Revenue, the state or legislative auditor, persons contacted for purpose of verification or investigation, and persons who obtain a court order to receive the information. After issuance of a license, the information provided, except your social security number and any nondesignated addresses becomes public data and may be released to anyone upon request. **NOTICE TO BUSINESSES:** The information you provide on this application is, in general, public. Businesses are required to provide a Minnesota business identification number under Minnesota Statutes § 270C.72, subd. 4 and, where applicable, evidence of compliance with the workers' compensation insurance coverage under Minnesota Statutes § 176.182.

➤ Section 8: Application Disclosure and Owner Certification

Disclose the individual who prepared this application:

| | | |
|---------------------------------------|-------|--------------------------------------|
| Name <small>First and last</small> | Title | Contact Phone Number & Email Address |
|---------------------------------------|-------|--------------------------------------|

Disclose an individual responsible for responding to questions regarding this application:

| | | |
|---------------------------------------|-------|--------------------------------------|
| Name <small>First and last</small> | Title | Contact Phone Number & Email Address |
|---------------------------------------|-------|--------------------------------------|

A school owner or the school's Designated School Manager must certify the contents of this application by providing an original signature below.

Incomplete application submissions may require supplemental owner signatures upon application completion.

| | | |
|--|---|------|
| <i>I certify that the information submitted as part of this School License Renewal Application to be true and correct. I understand that as the school's owner or Designated School Manager, I am responsible for the school and its compliance. I certify that this document has not been altered in any manner from the form adopted by the Board. Further, I have read and acknowledge receiving the Tennessee Warning above.</i> | | |
| School Owner or DSM Name <small>First and last; Please print</small> | School Owner or DSM Signature <small>Original signature required</small> | Date |

Appendix A: Training Course Curricula

Use Appendix A to report the school's new or changed training course curricula. **Use one Appendix A per training course.**

Course Name or Title: _____

Schedule Information:

| | |
|--|---|
| <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <i>(Select One)</i> | <p style="text-align: center;">Course Includes Online Theory Instruction:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Schools requesting approval for online theory instruction, also see Section 8.</i> |
|--|---|

| | |
|---|---|
| Projected First Start Date: | Projected First Completion Date: |
| All Anticipated Start Dates and Completion Dates for the Next Twelve Months: | |
| Minimum Student Enrollment per Start Date: | |
| Maximum Student Enrollment per Start Date: | |

Daily and Weekly Schedule Details:

| Day of the Week | Start Time | End Time | Total Daily Hours |
|---|------------|----------|-------------------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |
| Total Hours per Week: _____ | | | |
| Total Number of Weeks in Course: _____ | | | |

Course Hour Totals:

| Hour Breakdown | In-Person | Online* |
|---|-----------|---------|
| Pre-Clinical Theory Hours <i>N/A to AP Esthiology or Instructor Training Courses</i> | | |
| Total Theory Hours | | |
| Total Clinical/Practical Hours | | |

For Credit-Based Courses*

| | |
|-----------------|--|
| Lecture Credits | |
| Lab Credits | |
| Total Credits | |

**Leave table blank if course is not credit-based*

Unregulated Services:

| | | |
|--|---|--|
| Course Includes Instruction in Unregulated Services? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Select One)</i> | If Yes, List Unregulated Service Topics: |
| If Yes, Total Number of Hours: | | |

Appendix A: Training Course Curricula

Course Name or Title: _____

ATTACH a daily schedule/calendar for the course to Appendix A and submit it with the application, **or SUBMIT** a daily schedule/calendar as a PDF or Excel file in conjunction with the physical application.

Electronic *schedule/calendar submissions* are accepted and encouraged.

The daily schedule/calendar must clearly identify:

- all topics and units of instruction.
 - Topics must include all relevant training course topics in [Minnesota Rules Chapter 2110](#).
 - The schedule/calendar must include an explicit reference to all rule-required training topics.
- the number of hours devoted to each topic per day.
- where pre-clinical, theory, and clinical hours are accumulated each day.
- which portions of theory training are offered online, if any.*
 - *Schools requesting approval for online theory instruction, see Section 8.
- any prerequisites for enrollment.

Identify Textbook and Instructional Resources

| Resource Title | Publisher | Publication Date | Print or Digital <small>Indicate which</small> | ISBN or URL | Instructor Manual Used? <small>Yes or No</small> |
|----------------|-----------|------------------|---|-------------|---|
| | | | | | |
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Student Access

Please describe how students will access the resources listed above (Ex: Is student access to the resources temporary or permanent? Are the resources paid for by the school, paid for by the student, included in the student kit, etc.?)

Appendix A: Training Course Curricula

Inventory

Step 1:

Use the template provided below to list the inventory the *school* provides for the proposed training course

or

Attach an inventory list with the same information to the application—Label with the Course Name or Title.

Step 2:

Attach a complete list of items included in the student kit for the training course—Label with the Course Name or Title.

| Course Inventory Provided by School | | | | | | |
|---|-------------------|----------------------------------|----------------------------------|---|---|--|
| Course Name or Title: _____ | | | | | | |
| Name of Item <i>(i.e name of device, equipment, instrument, or tool)</i> | Number on Hand | Number of Students Sharing | Used in Mannequin Practice | Used in Student-to- Student Practice <i>Yes or No</i> | Used in Clinical Practice <i>Yes or No</i> | Used in Services in the School Clinic <i>Yes or No</i> |
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Appendix A: Training Course Curricula

Course Name or Title: _____

Online Theory Instruction Details

Schools that are not seeking online theory approval SKIP this step.

Online instruction is permitted for Board-approved theory-based classes.
Practice-based classes must not be given online ([Minnesota Statute 155A.30 Subd. 11](#)).

| Online Theory Instruction Details | | | |
|--|--------------------------------------|---------------------------------------|---|
| Method of Delivery <i>Indicate Type</i> | <input type="checkbox"/> Synchronous | <input type="checkbox"/> Asynchronous | <input type="checkbox"/> Mixed Synchronous/ Asynchronous |
| Provide a description of the method of delivery to be used, and how the school will meet instructor supervision requirements: | | | |
| | | | |
| List the technologies to be used by the school <i>and</i> students: | | | |
| | | | |
| Provide a description of how student training hours will be tracked: | | | |
| | | | |