



Homebound Service Permit Application

*Use this application to obtain or renew a Homebound Service Permit (HSP).
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 your permit.
Applications are processed within 15 business days of receipt. Please allow for the full processing time.
HSPs expire on the last day of your birth month in the third year of the permit cycle.*

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

- **Completed Application**
- **Fee: \$50**
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 or Salon Manager License Number**
This license must be maintained and kept active to keep a valid HSP.
- **Current Certificate of Professional Liability Insurance**
You must obtain and maintain a professional liability policy to work under and keep a valid HSP. Contact your insurance agent to obtain an insurance certificate and attach it to this application.

1. Applicant Information

3/2020

First Name, Last Name	Street Address
SSN or ITIN <i>(full number required)</i>	City, State, Zip Code
Phone Number	Email Address
Operator/Salon Manager License Number	Operator/Salon Manager License Expiration Date
REMINDER: Your Operator or Salon Manager license must be kept active in order for your HSP to remain valid.	

2. Insurance Information

Important: You must maintain a current and continuing professional liability insurance policy for the duration of your permit as required by MN Rule 2105.0410, subpart 3. Failure to do so could result in civil penalties of up to \$2,000 per violation.

Insurance Company	Insurance Agent <i>First Name, Last Name</i>
Professional Liability Policy Number	Agent Phone Number and/or Email Address

3. Certificate of Professional Liability Insurance (Required Attachment)

Attach a Certificate of Insurance (COI) that verifies all of the following:

- Your full legal name and address as policy holder;
- "Professional Liability" is included (this must be clearly stated in print);
- Your policy is current (not pending or expired);
- You have at least \$25,000 coverage per claim; and
- You have at least \$50,000 total coverage for each policy year.

Important:

- Your application will be returned if your Certificate of Insurance (COI) is missing or does not provide the required information.
- Evidence of a current Professional Liability policy is required. General or businessowners liability will not be accepted. Professional liability applies to injuries or damages that may arise from the services you provide, while general or businessowners liability on its own does not.
- Your COI must have the words "professional liability" clearly printed on it. "Professional liability" is the terminology specifically required by MN Statutes, section 155A.29. Handwritten information will not be accepted.
- A Certificate of Insurance is a specific document that is typically a single page. Other insurance documents such as declarations, binders, renewals, endorsements, proposals, bills, or memoranda will not be accepted as substitutes for a COI.

For Board Office Use Only

Amount:	C/MO/R#:	Application Number:
Date Processed:	Staff Initials:	License Number:

4. HSP Acknowledgments

Initial each of the following acknowledgments, A through H:

- A) _____ I certify that I will use the Homebound Service Permit (HSP) in compliance with MN Rule 2105.0410, subpart 3.
- B) _____ I certify that I will use the HSP only to provide services to homebound individuals or residents of licensed nursing homes as defined in MN Rule 2105.0010.
- C) _____ I certify that I will carry my permit with me at all times when I provide these services described above.
- D) _____ I certify that I will maintain a current and active underlying license for my HSP to remain valid.
- E) _____ I certify that I will maintain my professional liability insurance policy for the duration of my permit.
- F) _____ I certify that I will only provide services allowed by my license type (Cosmetologist, Esthetician, or Nail Technician).
- G) _____ I certify that I will comply with all infection control requirements and safety requirements in MN Rules 2105.0375 and 2105.0377, and that I will carry a first aid kit meeting the requirements in MN Rule 2105.0370(A) when I provide services in a residence other than a licensed nursing home.
- H) _____ I certify that if I do not use my HSP in compliance with laws and rules established by the Board, I may personally be assessed a civil penalty of up to \$2,000 per violation of MN Statutes 155A and MN Rules 2105.

Licensee Responsibility

You, as a licensee and Homebound Service Permit holder, will be responsible for the following:

- **License and HSP Renewal**

Your HSP 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 permit will expire and you will not be eligible to use it. This includes renewal and maintenance of your Operator or Salon Manager license. Current renewal requirements and applications are available at mn.gov/boards/cosmetology.

- **Maintaining an Active Operator or Salon Manager License**

You must maintain an active Operator or Salon Manager license to hold and use an HSP. If your underlying license becomes invalid, so does your HSP.

- **Compliance with Laws and Rules**

As a licensee and HSP holder, you are responsible for ensuring compliance with all applicable laws and rules. This includes, but is not limited to, awareness of your license status, insurance policy, and safety and infection control. Civil penalties of up to \$2,000 per violation can be assessed to you 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. 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.

5. 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 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.