



# 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](http://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/ITIN)</small>	
Street Address <small>(include suite number, if applicable)</small>	
City, State, Zip Code	
Phone Number	
Email Address	
License Number	
License Expiration Date	

### Salon Owner Information

3/2020

Owner/Company Name	
Business Type <small>(LLC, sole proprietor, corporation, etc)</small>	
Owner Mailing Address	
Owner Email Address	
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	

### 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 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.

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.

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