



Salon Name Change Form

Complete this form if your licensed salon has changed its legal and/or DBA name.
All salon name changes must be reported to the Board within 60 days of the change.
Submit your complete form and fee payment by mail or in person to the address listed above.

IMPORTANT: This form cannot be used to report change of ownership or change of location. If your salon has changed ownership or location, you must apply for a new license. This includes business structure changes or relocations within a single building or complex. Operating under another owner's or location's license is unlawful as of the 61st day after the change.

Enclosure 1: \$20 Name Change Fee

Enclose a check or money order payable to Board of Cosmetology or exact cash. Fee includes an updated license certificate.

Enclosure 2: Name Change Documentation

Attach legal documentation of the name change, plus any and all documents your business is required to file with the Secretary of State under state law because of the name change. This may include (check all that apply):

- Amended Certificate of Incorporation/Organization
- Amended Certificate of Assumed Name
- Business Organization Documents
- Other: _____

Enclosure 3: Updated Certificate(s) of Insurance*

Update your salon name with your insurance agents/providers and attach your updated insurance certificate(s).

RESPONSE REQUIRED: Does your salon have employees? This includes practitioners, receptionists, maintenance workers, etc.

Yes. No.

If YES: Attach your updated Certificates of Professional Liability and Workers Compensation Insurance.

If NO: Attach your updated Certificate of Professional Liability Insurance.

**Certificates of Insurance: Your Certificate of Professional Liability Insurance must verify current professional liability coverage of at least \$25,000 per claim and at least \$50,000 coverage per policy year per operator. It must be printed with the words "professional liability," the physical salon address, and the current salon name exactly as it appears on this form. Your Certificate of Workers Compensation Insurance (if applicable) must verify current workers compensation coverage. It must be printed with the physical salon address and the current salon name exactly as it appears on this form.*

Salon Information

3/2020

Previous Salon Legal Name, if this name has changed <i>e.g. the full name of the corporation, LLC, LLP, or individual owner(s)</i>	Current Salon Legal Name <i>e.g. the full name of the corporation, LLC, LLP, or individual owner(s)</i>
Previous Salon DBA Name, if this name has changed <i>DBA = Doing Business As</i>	Current Salon DBA Name <i>DBA = Doing Business As</i>
Minnesota Tax ID <i>SSN or ITIN only if a sole proprietor</i>	Salon License Number
Salon Street Address	Salon City, State, Zip
Salon Phone Number	Salon Email Address
Owner Name <i>name of individual signing below</i>	Owner Postal Address
Owner Phone Number	Owner Email Address

Owner Certification

The undersigned states that the above information is true and correct to the best of their knowledge and that this form is not being submitted in attempt to report a change in ownership and/or location.

Owner Signature: _____ Date: _____

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