

School License Renewal Application

Complete this application to renew a School License.

10/2023

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.
- 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.

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:
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Section 4: Training Program Curricula

Indicate which initial licensure training program(s) the school offers and your projected number of students for that program in the next 12 months:

1,550 hour Cosmetologist

No. of Students: _____

600 hour Esthetician

No. of Students: _____

350 hour Nail Technician

No. of Students: _____

14 hour Eyelash Technician

No. of Students: _____

500 hour AP Esthetician

No. of Students: _____

1,100 hour Esthetician/AP Esthetician

No. of Students: _____

900 hour Hair Technician

No. of Students: _____

45 hour Instructor

No. of Students: _____

If the school is seeking approval of a *new* program curriculum, or a *change* to a previously approved curriculum: Complete the Curriculum Approval Request Form to report the school's proposed program curricula. Use one Curriculum Approval Request Form per training program.

OR

If the school has received a curriculum approval letter from the Board and the curriculum *has not* changed since the date the letter was issued, the letter(s) must be submitted with this application.

Important Reminders:

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

Section 5: Insurance Information

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

Attach a Certificate of Insurance

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](#)).

1. Attach proof* of a current Corporate Surety Bond — Label as Section 6.

*Via a Rider or a copy of the Surety Bond Form used when the bond was executed.

- 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.
- 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.

AND

2. Prepare a summary calculation of the bond amount in the fields below.

<i>Example Formula:</i>	Provide Summary Calculation	
<i>Preceding year's gross income: \$350,000</i>	Preceding year's gross income:	
<i>Ten percent of gross income: \$35,000</i>	Ten percent of gross income:	
<i>Required surety bond amount = \$35,000 (minimum)</i>	Required surety bond amount:	

**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

Use the template provided below to list the instructional staff for the program.

Note:

- If the school has not previously reported the addition of the individual(s) to the school's instructor roster, please also complete a [School Instructor Change Form](#) and attach the form to this submission.
- A school must maintain a minimum ratio of one instructor per 20 students who are present at the school or participating virtually in synchronous real-time instruction. All students must be under the supervision of an instructor at all times when in a classroom or clinic and whenever the student is performing cosmetology services on the school's premises.
- Instructors are restricted to instruction in the area of their practitioner license and may not instruct in other disciplines.
- An instructor must maintain an active operator or manager's license in the area in which the instructor holds an instructor's license.

Instructor Name <i>First and last</i>	Instructor License Number(s) and Type

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

Name <small>First and last</small>	Title	Contact Phone Number & Email Address
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A school owner or the school's Designated School Manager must certify the contents of this application by providing a 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	Date