



Salon License Application

Important:

- **Your license will be delayed if you fail to submit a complete and accurate application.** Incomplete or inaccurate applications are returned by standard mail for corrections or clarifications. A new processing time begins with each resubmission.
- A salon license does not transfer when a salon changes ownership or relocates. A new license must be obtained within 60 days of the change. This includes business structure changes and relocations within a single building or complex.
- Salon licenses are expired as of the first day after the expiration date. It is unlawful to operate on an expired license. If your salon license lapses more than six months, you must reapply with a new Salon License Application.
- The floor plan diagram you prepare for this application must represent the current physical space. Therefore, **construction must be complete before this application is submitted.**

Upon completion of this application, submit it with payment to the Board office.

Ensure you enclose the applicable of the following attachments (see page two):

- Certificate of Assumed Name
- Certificate of Organization
- Certificate of Professional Liability Insurance
- Certificate of Workers Compensation Insurance

Fee Payment

Standard Processing
within 15 business days

\$350

Expedited Processing
within 5 business days

\$650

- Checks or money orders can be made payable to Board of Cosmetology.
- Processing time begins when application and payment are received in the Board office.
 - Fees are deposited the first business day after receipt.
- Business days do not include weekends or state determined holidays.

Questions about this application?

Email your questions to the Board office at cosmetology@state.mn.us.

Salon Information

6/2024

Salon Legal Name <i>e.g. the full name of your corporation, LLC, LLP, or individual owner(s)</i>		
Salon DBA Name <i>DBA = Doing Business As</i>	MN State Tax ID Number <i>7 digit number issued by MN Dept. of Revenue SSN or ITIN may be used for sole proprietor only Federal Employer Identification Number <u>not</u> accepted</i>	
Salon Street Address* <i>include suite number if applicable</i>	City, State, Zip Code	
County	Website	
Phone Number	Email Address	
Is this salon in a residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a suite-style salon? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Number of Practitioners
*If your salon does not receive mail service, you may designate a separate mailing address below. Be mindful, however, that you are responsible for ensuring that the salon's mailing address is updated with the Board as necessary.		
Salon Mailing Address	City, State, Zip Code	

Reason for New License Application

- New, never been licensed salon**
- Ownership change**
Previous license number: _____
Previous owner: _____
- Reapplication due to late renewal (6+ months)**
Previous license number: _____
Previous expiration date: _____

- Salon relocation**
Previous license number: _____
Previous address: _____
- Business structure change**
Previous license number: _____
Previous expiration date: _____

For Board Office Use Only

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

Business Information

Disclose Salon's Business Structure

Corporation

Limited Liability Partnership

General Partnership

Limited Liability Company

Sole Proprietor

Other *Please describe:* _____

Business Documentation

Locate your business type below to determine what type of business documentation is required. **Attach** document(s).

	Corporation	LLC/LLP	Sole Proprietor	General Partnership	Other
Certificate of Assumed Name	✓	✓	✓	✓	✓
Certificate of Organization	✓	✓			✓

Certificate of Assumed Name

An assumed name is required for any salon doing business under a name other than the full legal name of the business owner or entity. If this applies to your salon, you must register your salon's assumed name (or DBA) with the Minnesota Secretary of State. **Once the assumed name is registered, you must attach a copy of the Certificate of Assumed Name or the online Business Filing.**

Certificate of Organization

A certificate of organization is required for any business owner or entity that is not a sole proprietor or general partnership. All businesses, except for sole proprietors and general partnerships, must register their business with the Minnesota Secretary of State. **Once the business is registered, you must attach a copy of the Certificate of Organization or the online Business Filing.**

Insurance Information

Professional Liability Insurance

Current, continuing professional liability insurance is required for all salons. It covers workmanship of licensees, such as injuries or damages that may arise from services provided by practitioners. Policies such as general or commercial liability do not provide this coverage and therefore will not be accepted in place of professional liability insurance.

Required for **ALL** salons:

Complete the section below and **attach** a Certificate of Insurance (COI) which:

- shows current professional liability coverage of at least \$25,000 per claim and \$50,000 per policy year per operator;
- explicitly lists "**professional liability**"; and
- lists the salon name and address exactly as are shown on this application.

A certificate of insurance is a specific document which is required to be submitted. Declarations or other policy pages are not accepted.

Professional Liability Insurance Information:

Name of Insurance Company	
Professional Liability Policy Number	
Name of Insurance Agent	
Insurance Agent's Phone Number	

Workers Compensation Insurance

Workers compensation insurance is required for all salons that employ any person. To determine if your salon needs workers compensation, answer the following question.

Will your salon have employees? *This includes practitioners, receptionists, maintenance workers, etc.*

Yes No

If Yes:

Complete the section below and **attach** a Certificate of Insurance (COI) which:

- shows current workers compensation coverage; and
- lists the salon name and address exactly as are shown on this application.

Contact the Minnesota Department of Labor and Industry at 651-284-5005 with any questions regarding workers compensation requirements.

Workers Compensation Insurance Information:

Name of Insurance Company	
Workers Compensation Policy Number	
Name of Insurance Agent	
Insurance Agent's Phone Number	

IMPORTANT: The above information will not be accepted on its own. Your Certificate(s) of Insurance must verify everything you provide here.

Designated Licensed Salon Manager Information

Every salon must have a Designated Licensed Salon Manager (DLSM). Along with the salon owner, a DLSM is responsible for the salon at all times, even when not present at the salon. A DLSM must have an active salon manager license and may be designated to one salon only.

Designate a Licensed Salon Manager

Full Name <i>first name, last name</i>	Type of License <input type="checkbox"/> Cosmetologist Salon Manager <input type="checkbox"/> Hair Technician Salon Manager <input type="checkbox"/> Esthetician Salon Manager <input type="checkbox"/> Nail Technician Salon Manager <input type="checkbox"/> AP Esthetician Salon Manager <input type="checkbox"/> Eyelash Technician Salon Manager
License Number	Expiration Date

DLSM Acknowledgments

Your DLSM must sign below, acknowledging the following statement, in the presence of a notary public. Photocopied signatures will not be accepted.

"I, the Designated Licensed Salon Manager for the salon listed in this application, certify that I, with the owner, am the responsible party of this salon. These responsibilities include, but are not limited to, items A—F below."

- Ensuring that the salon license is current and posted.
- Ensuring that the current license of all practitioners (including myself, employees and independent contractors) are posted.
- Ensuring that each practitioner in the salon is currently licensed in Minnesota for the services provided by that practitioner to customers.
- Ensuring that all practitioners, including nonemployees, who perform licensed services in the salon are in compliance with all provisions of MN Statutes 155A and MN Rules 2105.
- Notifying the Board immediately in writing if I am no longer the designated licensed salon manager and am no longer responsible for this salon's compliance with MN laws and rules.
- I understand I may be assessed civil penalties up to \$2,000 per violation of MN Statutes 155A and MN Rules Chapter 2105. This includes any violations that may be found in the salon, including violations committed by any salon personnel.

DLSM Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Signature: _____ Date: _____

Commission Expiration: _____

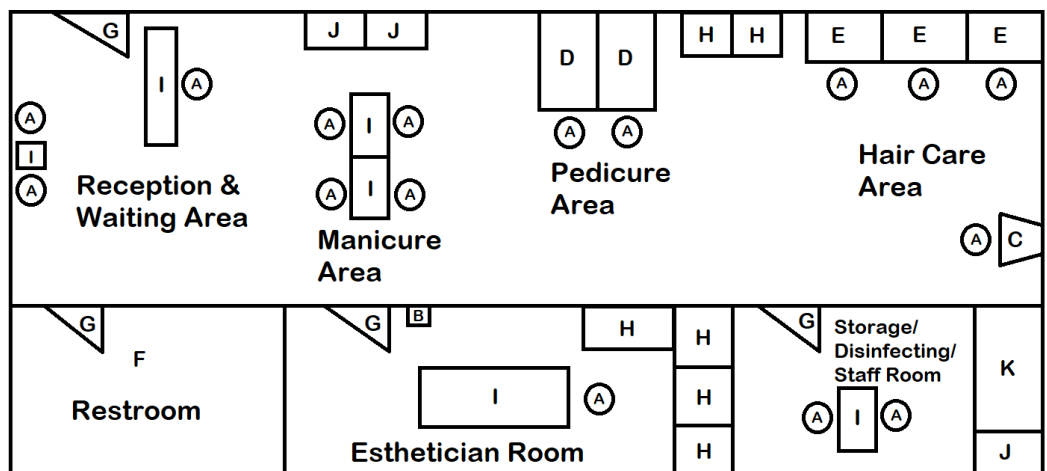
Notary Seal:

Provide a Diagram of Your Salon's Floor Plan

Use this as an example to prepare your salon's floor plan on the next page.

Codes to Be Used:

- | | |
|----------------------|---------------------------------------|
| A —Chair (any style) | G —Entrance/Exit |
| B —Hand Sanitizer | H —Storage Cabinet |
| C —Shampoo Bowl | I —Table (any style) |
| D —Pedicure Spa | J —Designated Sink |
| E —Work Station | K —Work Surface Used for Disinfecting |
| F —Restroom | |



Salon Owner Responsibility

Owning a Salon

- As a salon owner, you are responsible for your salon's compliance with Minnesota laws and rules. Any violation or non-compliance with MN Statutes, chapter 155A and MN Rules, chapter 2105 may result in penalty of up to \$2,000 per violation or loss of license. Copies of cosmetology laws and rules are available at mn.gov/boards/cosmetology under **Laws & Rules**.
- Each practitioner's individual license type determines what type of services that practitioner can offer in the salon. Salon licenses do not limit the services an establishment may offer; services are limited by each individual's license.
- Salons must ensure all practitioners working in the salon are currently licensed. If a salon is found to have unlicensed or expired practitioners, civil penalties or license revocations may occur. Salon and practitioner licenses may be verified online at mn.gov/boards/cosmetology under **License Lookup**.
- The current salon license and licenses of any practitioners working in the salon must be posted in plain sight. To order a duplicate (replacement) license, visit **Account Services** at mn.gov/boards/cosmetology.

Renewing a Salon License

- The salon license will expire on the last day of the license anniversary month in the third year. Renewal reminders are sent via email approximately 10 weeks before the license expiration date, but it is your obligation as a salon owner to renew the license whether a renewal reminder is received or not.
- Licenses can be renewed by mail or online at mn.gov/boards/cosmetology under **Online Renewals**.
- Failure to renew a license by the license expiration date will result in license expiration, late renewal penalties, and an ineligibility to offer services. Failure to renew the license within six months of the expiration date will require a new application for a new salon license.

Changes to the Salon

- If the Designated Licensed Salon Manager (DLSM) departs from the salon, you must notify the Board in writing within 10 business days. The salon has 60 days from date of departure to register a new DLSM with the Board by completing and submitting a Designated Licensed Salon Manager Change Form.
- If the salon changes names, you are required to submit a Salon Name Change Form within 60 days of the change.
- If the salon changes ownership, business structure, or location, a new salon license is required within 60 days of the change.

Salon Owner Acknowledgments

At least one owner must *check each box and sign below*, acknowledging all of the following on behalf of the salon. For corporations, an authorized signatory may complete this section.

- A. We certify that we have a fire extinguisher and a first aid kit in the salon.
- B. We certify that there is no carpet in any of the salon's work areas.
- C. We certify that our designated sink(s) has hot and cold potable water plumbed in and is equipped with liquid or foam soap, single-service paper or cloth towels, and a receptacle for discarded towels.
- D. We certify that construction of the salon is completed and the floor plan diagram submitted with this application is an accurate representation of the salon's layout.
- E. We certify that the salon is in compliance with local building codes, local zoning codes, and the Minnesota State Fire Code. We have confirmed compliance with the appropriate authorities.
- F. We certify that the salon is in compliance with OSHA regulations, which may include ventilation and eyewash station requirements.
- G. We certify that this salon meets all requirements of MN Statutes, chapter 155A and MN Rules, chapter 2105.

Owner or Authorized Signatory's 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.

Disclosure of Company Owners, Partners, or Officers

Provide the names, addresses, and contact information for all owners (including partners and controlling officers). All fields are required. If there are more than two owners, attach an additional page 6.

Full Name <i>first name, last name</i>	Title <i>e.g. CEO, VP</i>
Email Address	Phone Number
Postal Address	

Full Name <i>first name, last name</i>	Title <i>e.g. CEO, VP</i>
Email Address	Phone Number
Postal Address	

Owner Application Certification

Each owner must sign in the presence of a notary public below. Alternatively, an organized business's authorized signatory may sign in the "Authorized Signatory" section in the presence of a notary public. Photocopied signatures will not be accepted.

"I certify that the information submitted within this application is true and correct and that I am responsible for this salon. I also certify that this document has not been altered or changed in any manner from the form adopted by the Minnesota Board of Cosmetology. Further, I have read and acknowledge receiving the Tennessee Warning."

Owner 1

Printed Name of Owner: _____

Owner Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Signature: _____ Date: _____

Commission Expiration: _____ Notary Seal:

Owner 2

Printed Name of Owner: _____

Owner Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Signature: _____ Date: _____

Commission Expiration: _____ Notary Seal:

Authorized Signatory

An organized business's authorized signatory may certify this document as an alternative to obtaining individual owner signatures above. The disclosure box to the right must be completed in this case.

"In addition to the statement above, I also certify that I have the legal power to sign on behalf of this corporation."

Printed Name: _____

Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Signature: _____ Date: _____

Commission Expiration: _____ Notary Seal:

Signatory Full Name	
Title	
Phone Number	Email Address
Postal Address	