



Salon Manager License Application

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 licensure.
Please allow for the full processing time.

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

- **Completed Application**
- **Fee: \$195 (processing within 15 business days) or \$345 (expedited processing within 5 business days)**
Checks or money orders may be made payable to Board of Cosmetology. Fees are deposited the first business day after receipt.
- **Current Operator License Number**
Your license must be active. Once a Salon Manager License is issued, an Operator License does not need to be maintained or renewed.
Note: Do not use this application if you have recently graduated and would like to obtain a Salon Manager License without first obtaining an Operator License. Go to mn.gov/boards/cosmetology to find the Initial Operator License Application and determine your requirements.
- **Original passing results from the Minnesota Salon Manager Examination**
You must take and pass the Salon Manager Exam and attach the original score report to this application. **Note:** If you currently hold an active Salon Manager License in one field, you can apply for a Salon Manager License in another field *without* retaking this exam (submit with no attachment). Exam results are valid for one year. To schedule this exam, contact PSI at 1-855-834-8746 or www.psiexams.com.

1. Applicant Information

6/2024

First Name, Last Name	Street Address
SSN or ITIN <i>(required)</i>	City, State, Zip Code
Phone Number	Email Address
Operator License Number	License Expiration Date
License Type Sought <i>(Check One)</i>	<input type="checkbox"/> Cosmetologist <input type="checkbox"/> Esthetician <input type="checkbox"/> AP Esthetician <input type="checkbox"/> Hair Technician <input type="checkbox"/> Nail Technician <input type="checkbox"/> Eyelash Technician

NOTE: Salon Manager Licenses may only be issued for the license type currently held.

2. Additional Applicant Information

1. List all states, other than Minnesota, in which you have held a cosmetology license. For each state, list the license type.	
2. Have you ever been the subject of any inquiry or investigation by any division of the Board of Cosmetology, or Office of the Attorney General? <i>If yes, attach a detailed and signed explanation with copies of all letters of inquiry and resolution.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever held a cosmetology license which has been censured, suspended, revoked, canceled, terminated or been subject to any type of administrative or disciplinary action in any state including Minnesota? <i>If yes, you must attach the following:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A detailed and signed explanation identifying the type of license and the circumstances of each incident. <input type="checkbox"/> A copy of the Notice of Hearing or other document that states the charges and allegations. <input type="checkbox"/> A copy of the official document which establishes the resolution of the charges or any final judgment.	
4. Have you been notified by the Commissioner of Revenue, pursuant to Minnesota Statutes Section 270C.72, that you currently owe the State of Minnesota any delinquent taxes? <i>If yes, attach a detailed and signed explanation with documentation from the Department of Revenue showing the debt has been paid in full or an approved payment plan is in process.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Licensee Responsibility

If you become the Designated Licensed Salon Manager (DLSM), you are responsible for ensuring compliance with all applicable laws and rules. This includes, but is not limited to, awareness of others' operator or salon manager licenses and their statuses, record retention, and safety and infection control. Civil penalties of up to \$2,000 per violation can be assessed to you, to other practitioners, and/or to the salon for not following laws and rules established by the Board.

3. Application Certification

I certify that 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.

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