

# Initial School License Application Packet

*Complete the application within this packet to apply for a School License.*

12/2025

## This packet contains the Initial School License Application to apply for a School License.

- Prior to submitting this application, please review all licensee requirements within [Minnesota Statutes, Chapter 155A.30](#) and [Minnesota Rules, Chapters 2105](#) and [2110](#).
- Complete all sections outlined within this application. For each section, label and attach any requested corresponding materials to the application.
- Incomplete applications will not be processed and may result in a delay in licensure.
- The Board cannot guarantee a specific licensure date. The application review timeframe is dependent on a number of factors including but not limited to: the completeness of the application submission (i.e. if all required elements are submitted and accurate), resubmission and review of incomplete or missing items, review of the applicant's financial viability, and a pre-licensure physical inspection of the school establishment.

**Submit a *completed* application and payment to the Board office by mail or in-person:**

Minnesota Board of Cosmetology  
1000 University Avenue West  
Suite 100  
Saint Paul, MN 55104

Questions? Please contact the Board office by calling (651) 201-2742 or via email at [cosmoschools@state.mn.us](mailto:cosmoschools@state.mn.us).

# **Initial School License Application Packet**

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# Initial School License Application

Complete sections 1-19 of the application to apply for a School License.

## Section 1: Initial School License Fee

Attach payment of \$4,000—Payment can be made via check or money order and payable to Board of Cosmetology.

10/2023

## Section 2: General School Information

<b>School Legal Name</b> <i>Business name (name of corporation, LLC, etc.)</i>															
<b>Assumed Name/DBA Name</b> <i>DBA = Doing Business As</i>	<b>Minnesota State Tax ID Number</b> <i>7 digit number issued by MN Dept. of Revenue SSN or ITIN only accepted for sole proprietors</i>														
<b>School Street Address</b> <i>Include suite #, P.O. Box if applicable</i>	<b>City, State, Zip Code</b>														
<b>County</b>	<b>School Phone Number</b>														
<b>School Email Address</b> <i>To be used for Board correspondence</i>	<b>School Web Address</b>														
<b>Days and Times the School will be Open for Instruction:</b> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><b>Monday</b></td> <td style="text-align: center;"><b>Tuesday</b></td> <td style="text-align: center;"><b>Wednesday</b></td> <td style="text-align: center;"><b>Thursday</b></td> <td style="text-align: center;"><b>Friday</b></td> <td style="text-align: center;"><b>Saturday</b></td> <td style="text-align: center;"><b>Sunday</b></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>	_____	_____	_____	_____	_____	_____	_____
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>									
_____	_____	_____	_____	_____	_____	_____									
<b>Projected School Opening Date:</b> _____ <i>*Reminder: The Board cannot guarantee a specific licensure date.</i> <div style="text-align: center;"><small>mm/dd/yyyy</small></div>															

## Section 3: Business Information

Disclose the school's business structure:

- ☐ Corporation
 ☐ Limited Liability Partnership
 ☐ General Partnership  
☐ Limited Liability Company
 ☐ Sole Proprietor
 ☐ Other \_\_\_\_\_  
List Type

Attach the following corresponding document(s) to the application:

### Certificate of Organization

All business types, except sole proprietors and general partnerships, must be registered with the Minnesota Secretary of State. A Certificate of Organization is issued upon registration.

Attach a copy of the Certificate of Organization — Label as Section 3-a.

### Certificate of Assumed Name

If the school will operate under a name that is different than the full legal name of the business owner or entity, this name is known as an assumed name (or DBA—"Doing Business As"). The assumed name must be registered with the Minnesota Secretary of State. A Certificate of Assumed Name is issued upon registration.

If applicable, attach a copy of the Certificate of Assumed Name — Label as Section 3-b.

For Board Use Only :

C/MO #:	Amount:	Processor:	Date Processed:
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## Section 4: Disclosure of Owners, Partners, Officers

Using the templates provided below, list the names, addresses, and current contact information for all school owners, partners, and/or controlling officers of the school business (disclosed in Section 3). Any individual listed is considered an owner and must also provide a notarized signature in Section 19 (page 17). Use and attach additional templates if necessary.

Full Name <i>First and last</i>	Title <i>e.g. CEO, VP</i>
Email Address	Phone Number
Postal Address <i>Street, city, zip code</i>	

Full Name <i>First and last</i>	Title <i>e.g. CEO, VP</i>
Email Address	Phone Number
Postal Address <i>Street, city, zip code</i>	

Full Name <i>First and last</i>	Title <i>e.g. CEO, VP</i>
Email Address	Phone Number
Postal Address <i>Street, city, zip code</i>	

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Email Address	Phone Number
Postal Address <i>Street, city, zip code</i>	

Full Name <i>First and last</i>	Title <i>e.g. CEO, VP</i>
Email Address	Phone Number
Postal Address <i>Street, city, zip code</i>	

## ➤ Section 5: Financial Documents

Attach the following financial documents to the application:

1. Income statement — Label as Section 5-a.
2. Balance sheet for the business entity and for each owner\* disclosed in Step 4 of the application — Label as Section 5-b.

*\*For individuals, a Balance Sheet is also called a Personal Financial Statement.*

3. Attach monthly pro forma income and cash flow projections for the school's first three years of operation — Label as Section 5-c.

Please ensure the projections specify:

- The cost(s) of tuition used to calculate the tuition projections.
- The number of students used in the calculations.
- The amount of income expected to be generated from student kits and fees.
- The amount of income expected to be generated from school clinic services.

*Note:* Submitted financial documents will be reviewed in conjunction with the Minnesota Office of Higher Education. The school applicant must establish sufficient financial worth to conduct a school and to meet the school's financial obligations.

([Minnesota Statute 155A.30 Subd. 3 and Subd. 5](#); [Minnesota Rule 2110.0310 Subp. 1 W](#))

## ➤ Section 6: Surety Bond

Schools must maintain a continuous corporate surety bond\* ([Minnesota Statute 155A.30 Subd. 5, 8](#)).

1. Attach a current Corporate Surety Bond using the Board's current bond form.
  - Please request the school's bond provider contact the Board office for the current Bond Form.
  - 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 bond amount in the field below.

Using the information provided in Section 5, new schools must base the bond amount on ten percent of the anticipated gross income from student tuition, fees, and other institutional charges for the third year of operation. The bond amount must total at least \$10,000.

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

*\*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: Insurance Information

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

### **Attach a Certificate of Insurance\* — Label as Section 7.**

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.

*\*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.*

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## Section 8: School Advertising and Student Recruitment Materials

### **Attach copies of all school advertising and student recruitment materials — Label as Section 8.**

Materials may include but are not limited to all materials used to solicit prospective students, such as: catalogs, brochures, flyers, business cards, displays, the school's clinic service menu that are used in print, on air, or online (including social media).

Important:

- All advertising and business signage must state the school's business name or assumed name (disclosed in Step 3).
- Advertisements must not state or imply favorable consideration by the Board.
- Advertisements for student services must clearly and conspicuously state that all services are performed by students.
- Materials must *not* imply licensure, accreditation, or approval to offer financial aid without appropriate relevant approvals (unless pending approval can be confirmed).
- Schools must maintain copies of all advertisements for clinic services for three years.

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## Section 9: Student Enrollment Contract and Pre-Enrollment Disclosures

### **Attach a copy of the Student Enrollment Contract — Label as Section 9.**

The student or the student's parent or guardian must receive a fully executed copy of the contract at the time it is signed.

The Enrollment Contract must meet requirements of [Minnesota Rules 2110.0640](#) and [2110.0670](#), and:

- State the student's start date of training and anticipated completion date.
- Include the schedule for the student's chosen training program, specifying the days and hours of the program.
- List the cost of all instructional materials (unless the cost is included in the tuition fee).
- List the school's refund policy, including any refund deductions.
- Identify all conditions that must be met by the student before the school will issue a transcript to the student.
- Include a "Notice of Cancellation" that explains how to cancel the contract.
- *Not* imply licensure, accreditation, or approval to offer financial aid without appropriate relevant approvals.

### **Acknowledge Pre-Enrollment Disclosure Requirements**

One school owner *and* the school's Designated School Manager (Section 17) must acknowledge the statement below.

*"I acknowledge Enrollment Contract requirements, and understand the materials and information required to be given to prospective students and prior to student enrollment, pursuant to [Minnesota Rule 2110.0730](#)."*

School Owner Printed Name and Initials: \_\_\_\_\_

Designated School Manager Printed Name and Initials: \_\_\_\_\_

## Section 10: School Rules, Regulations, and Policies

**Attach copies of all school rules, regulations or policies, and the Student Handbook — Label as Section 10.**

These materials must *not* imply licensure, accreditation, or approval to offer financial aid without appropriate relevant approvals.

### **Acknowledge Student Regulation Requirements**

One school owner *and* the school's Designated School Manager (Section 17) must acknowledge the statement below.

*"I acknowledge and understand student regulation requirements and conditions,  
pursuant to [Minnesota Rule 2110.0660](#)."*

School Owner Printed Name and Initials: \_\_\_\_\_

Designated School Manager Printed Name and Initials: \_\_\_\_\_

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## Section 11: School Establishment Building and Zoning Compliance

The school establishment must demonstrate building and zoning compliance in the municipality in which it is located.

Review options A, B, and C below to determine the building compliance verification required for the school. Select the scenario that applies to the school. Refer to the corresponding section and obtain the required documentation from a local building official in the municipality in which the school is located. One school owner must attest to zoning compliance.

### **Select applicable scenario:**

- ☐ **A.** The building in which this school is located is a new construction. Complete section A below.
- ☐ **B.** The building in which this school is located is an existing building. Changes or improvements were made to the school space which required building permits and/or zoning approval. Complete section B on page 8.
- ☐ **C.** The building in which this school is located is an existing building. No changes or improvements were made, or the changes did not require building permits or zoning approval. Complete section C on page 8.

### **Section A — New Construction**

- 1. Attach a copy of the final Certificate of Occupancy, including signatures, issued by the city or county in which the school is located — Label as Section 11-a.**

*\*Note: If work is ongoing, this item may be submitted as a supplement to the school's original application submission. All required information must be received prior to the issuance of a School License.*

- 2. One school owner must attest to the school's compliance with local building and zoning requirements:**

\_\_\_\_\_  
School address, deemed in compliance with relevant building and zoning requirements

\_\_\_\_\_  
School Owner—Printed Name

\_\_\_\_\_  
School Owner—Signature

\_\_\_\_\_  
Date

## Section 11: School Establishment Building and Zoning Compliance (continued)

### Section B — Existing Building; Changes Required Approval

1. Attach copies of all final Building Permits and Inspection Records\*, including signatures, issued by the city or county in which the school is located — Label as Section 11-b.

*\*Note: If work is ongoing, these items may be submitted as a supplement to the school's original application submission. All required information must be received prior to the issuance of a School License.*

2. One school owner must attest to the school's compliance with local building and zoning requirements:

\_\_\_\_\_  
School address, deemed in compliance with relevant building and zoning requirements

\_\_\_\_\_  
School Owner—Printed Name

\_\_\_\_\_  
School Owner—Signature

\_\_\_\_\_  
Date

### Section C — Existing Building; No Approval Required

1. Attach an signed and dated statement from a **Building Official** in the city or county in which the school is located, on city or county letterhead, attesting to the school's compliance with local building requirements — Label as Section 11-c.

or

**A Building Official must complete the following information and provide a dated signature:**

\_\_\_\_\_  
School address, deemed in compliance with relevant building and zoning requirements

\_\_\_\_\_  
Building Official—Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
City or County of Employment

\_\_\_\_\_  
Building Official—Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number and Email Address

2. One school owner must attest to the school's compliance with local zoning requirements:

\_\_\_\_\_  
School address, deemed in compliance with relevant building and zoning requirements

\_\_\_\_\_  
School Owner—Printed Name

\_\_\_\_\_  
School Owner—Signature

\_\_\_\_\_  
Date



## ➤ Section 12: School Floor Plan

**Attach a floor plan of the school establishment — Label as Section 12.**

**See page 10 for important floor plan requirements and considerations.**

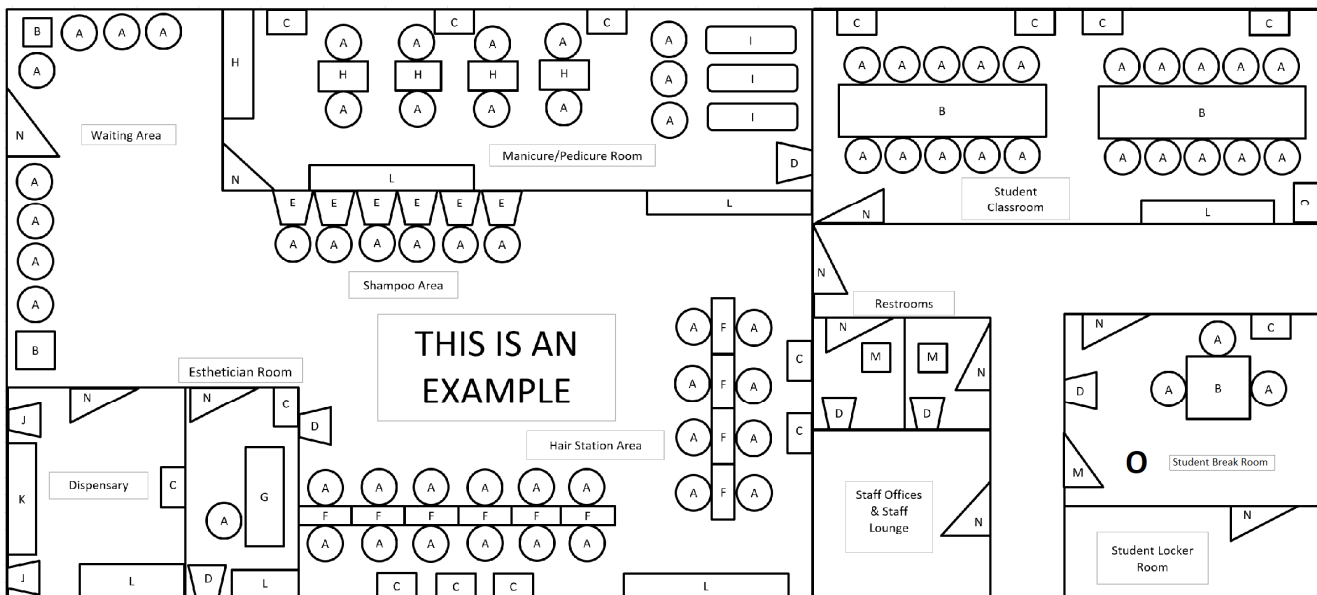
The floor plan may be prepared by the applicant, or formal 2-D architectural drawings may be submitted if they are labeled with all required elements. In either instance, the floor plan must:

- Be an accurate representation of the physical school space.
- Be drawn or prepared to scale, matching the square footage information provided in this section.
- Label all entrances and exits.
- Label each room/area to indicate its purpose.
- Include the dimensions of the school as a whole and of each room/area.
- Be labeled using codes A—P (codes below).
- Clearly distinguish the school space, and identify the boundary of the school and any unrelated space (if applicable).
- Demonstrate compliance with all physical requirements outlined on page 10 and [Minnesota Rules Chapter 2110](#).

### Required Floor Plan Codes

Do not create a custom code list or legend. Only the codes below will be accepted.  
Use only the codes applicable to the training programs the school intends to offer.

<b>A</b> —Chair (any style)	<b>D</b> —Handwashing Sink	<b>G</b> —Esthetics/Eyelash Work Station	<b>J</b> —Dispensary Sink	<b>M</b> —Restroom
<b>B</b> —Table	<b>E</b> —Shampoo Bowl	<b>H</b> —Manicure Work Station	<b>K</b> —Dispensary Work Area	<b>N</b> —Entrance/Exit
<b>C</b> —Electrical Outlet	<b>F</b> —Hair Workstation	<b>I</b> —Pedicure Work Station	<b>L</b> —Supply Cabinets	<b>O</b> —Student Break Room



### Calculate Available Classroom and Clinic Space

**School's Total Overall Square Footage = \_\_\_\_\_ square feet**

**Total Deductions (from adjacent calculation) = \_\_\_\_\_ square feet**

**Total Classroom and Clinic Space = \_\_\_\_\_ square feet**  
(Total Overall Square Footage *minus* Total Deductions)

Add the square footage of the following areas:

Office = \_\_\_\_\_ sq. feet

Restroom = \_\_\_\_\_ sq. feet

Storage, supply = \_\_\_\_\_ sq. feet

Break room, student lounge = \_\_\_\_\_ sq. feet

**Total Deductions = \_\_\_\_\_ square feet**

## ***Section 12: School Floor Plan (continued)***

### **Floor Plan Requirements and Important Considerations**

Refer to [Minnesota Rules Chapter 2110](#) for complete physical school requirements.

#### **Physical Space**

- Schools must operate as distinct businesses and be completely physically separated from any salon or professional department. Schools and salons or professional departments must have separate entrances.
- The school must have enough classroom and clinic space and workstations on the clinic floor to support the school's scheduled instruction and training programs.
- The school must provide locker space to a student upon the student's request.
- The school must have a furnished student break room of at least 120 contiguous square feet.

#### **Fixtures, Furniture, Equipment**

- Schools must only demonstrate compliance with fixtures, furniture, and equipment requirements relevant to the program(s) it intends to offer.
- Classrooms must have chairs and tables for the maximum number of students scheduled for class at any one time.
- All fixtures, furniture and equipment in the school must have washable finishes or coverings, be clean, and in good repair.
- Carpet is not an acceptable floor covering in clinic areas where services are provided.
- The school must provide locker space for students requesting it.

#### **Dispensary**

- The school must have a dispensary area used to mix products and chemicals, mix disinfecting solutions, disinfect or sterilize tools and implements, and to store hazardous supplies.
- The dispensary must have a clean waste receptacle that is emptied daily.
- The dispensary must contain a sink and a work area sufficient to disinfect the school's tools and implements. Shampoo bowls are not acceptable for this purpose.
- The school must ensure that all hazardous substances are inaccessible to the public by prohibiting public access to the dispensary or through the use of closed cabinets.

#### **Restrooms**

- Restrooms must be available within the school or in an adjacent common area.

#### **Electrical Requirements**

- Each classroom must have at least two electrical outlets.
- The school's electrical infrastructure must comply with safety standards under [Minnesota Statutes, section 326B.35](#). The school's use of electrical equipment and appliances must comply with the State Fire Code adopted according to [Minnesota Statutes, chapter 299F](#).

**A pre-licensure physical inspection of the school establishment will be scheduled and conducted by Board staff after the school's application has been submitted and confirmed to be complete.**

**The school must be "ready to open" at the time of the inspection.**

## ➤ Section 13: School Inventory

1. **Attach** a list showing the contents of the *Student Kit* for the program as a PDF or Excel file.

**AND**

2. **Use** the template provided below to list the inventory the *school* provides for the program, **or attach** an inventory list with the same information as a PDF or Excel file.

Program Inventory Provided by the School		
Name of Item <i>(i.e. name of device, equipment, instrument, or tool)</i>	Number on Hand	Number of Students Sharing

### Important inventory considerations:

Schools must provide students with basic supplies, including:

- A beginning professional kit for each student, containing the implements and the majority of equipment required for the student's training program.
- All supplies and materials necessary to perform all clinical services and classroom exercises at no additional cost.
- At least one mannequin with hair for each cosmetology student, and one mannequin without hair for each esthetician student.
- A copy of all textbooks to be used in the program, a copy of Minnesota Rules Chapters 2105 and 2110, a copy of Minnesota Statutes Chapter 155A, and copies of all other necessary instructional materials.

Reference materials, as outlined in [Minnesota Rule 2110.0410](#), must be centrally located and available to all students.

*\*If the school will offer an Advanced Practice Esthetician training program, please see [Minnesota Rule 2110.0525](#) and contact the Board office for additional information regarding equipment requirements.*

## Section 14: Training Program Curricula

To be eligible for a School License, the school must offer at least one initial licensure training program.

Indicate which training program(s) the school intends to offer upon initial licensure:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1,550 hour Cosmetologist   | <input type="checkbox"/> 600 hour Esthetician    | <input type="checkbox"/> 350 hour Nail Technician              |
| <input type="checkbox"/> 14 hour Eyelash Technician | <input type="checkbox"/> 500 hour AP Esthetician | <input type="checkbox"/> 1,100 hour Esthetician/AP Esthetician |
| <input type="checkbox"/> 900 hour Hair Technician   | <input type="checkbox"/> 45 hour Instructor      |  |

**For each program selected above, complete all required sections in Appendix A to report the school's proposed training program curricula. Use one Appendix A per training program.**

Important: If programs will be offered concurrently, the school must have sufficient classroom and clinic space available, and sufficient instructors staffed for each program.

## Section 15: Textured Hair Training Affidavit

*Complete this affidavit if seeking approval for the 1550-hour Cosmetologist, 900-hour Hair Technician program, or both. Schools that are not seeking approval for either of these courses, SKIP this step.*

By signing below, you affirm that the curriculum for the 1550-hour cosmetologist program, 900-hour hair technician program, or both programs as applicable includes the textured hair training required by [Minnesota Statute 155A.30 Subd. 2\(a\)](#), and that your school will provide this training on an ongoing basis.

Specifically, you attest that this curriculum includes both theoretical and clinical instruction on working with hair with various:

- (1) curl, coil, and wave patterns;
- (2) hair strand thicknesses; and
- (3) volumes.

School Owner or DSM Name <i>First and last; Please print</i>	School Owner or DSM Signature	Date
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## ➤ Section 16: Instructor Roster

**Using the template below, report the school's instructor roster.**

- Complete all fields for every individual that will be on the school's instructor roster that is actively licensed to teach upon application submission. Print and use additional templates if necessary.
- 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 salon manager license in the area in which the instructor holds an instructor license.

1	<b>Instructor Name</b> <i>First and last</i>	<b>Instructor License Types(s) and Number(s)</b>	<b>Programs Instructor Will Teach</b>
2	<b>Instructor Name</b> <i>First and last</i>	<b>Instructor License Types(s) and Number(s)</b>	<b>Programs Instructor Will Teach</b>
3	<b>Instructor Name</b> <i>First and last</i>	<b>Instructor License Types(s) and Number(s)</b>	<b>Programs Instructor Will Teach</b>
4	<b>Instructor Name</b> <i>First and last</i>	<b>Instructor License Types(s) and Number(s)</b>	<b>Programs Instructor Will Teach</b>
5	<b>Instructor Name</b> <i>First and last</i>	<b>Instructor License Types(s) and Number(s)</b>	<b>Programs Instructor Will Teach</b>
6	<b>Instructor Name</b> <i>First and last</i>	<b>Instructor License Types(s) and Number(s)</b>	<b>Programs Instructor Will Teach</b>
7	<b>Instructor Name</b> <i>First and last</i>	<b>Instructor License Types(s) and Number(s)</b>	<b>Programs Instructor Will Teach</b>
8	<b>Instructor Name</b> <i>First and last</i>	<b>Instructor License Types(s) and Number(s)</b>	<b>Programs Instructor Will Teach</b>
9	<b>Instructor Name</b> <i>First and last</i>	<b>Instructor License Types(s) and Number(s)</b>	<b>Programs Instructor Will Teach</b>
10	<b>Instructor Name</b> <i>First and last</i>	<b>Instructor License Types(s) and Number(s)</b>	<b>Programs Instructor Will Teach</b>

## Section 17: Designated School Manager

**Disclose the name and license information of the school's appointed Designated School Manager (DSM) below.**

A School Manager is a licensed Salon Manager who also has a School Manager License.

[\(Minnesota Statute 155A.23 Subd. 16\)](#)

### Designated School Manager Information

DSM First and Last Name	DSM Contact Information for School Correspondence <i>Mailing address, email address, phone number</i>
DSM Salon Manager License Number and Expiration Date <i>The DSM must maintain an active Salon Manager License</i>	DSM School Manager License Number and Expiration Date

**The school's Designated School Manager must sign below,  
acknowledging the following statement, in the presence of a notary public.**

*Note: The DSM must hold an active School Manager License at the time the acknowledgements are signed.*

*"I certify that I will be the Designated School Manager of the school listed within this application.  
I acknowledge that I am responsible for ensuring school compliance with Minnesota Statutes, Chapter 155A,  
and Minnesota Rules, Chapters 2105 and 2110.*

*These responsibilities include, but are not limited to, items A—F below."*

- A) Ensuring that all licenses are current and posted in the reception area, including the School License and licenses for all licensed school personnel, including my own.
- B) Ensuring that all equipment required under Minnesota Rule Chapter 2110 is clean and maintained in proper working condition, that proper supplies are in stock at all times, and that the school complies with all safety, infection control, and operational requirements.
- C) Notifying the Board in writing immediately if I am no longer the Designated School Manager and am no longer responsible for this school's compliance with Minnesota Statutes and Rules.
- D) I understand that I may be personally assessed a civil penalty of up to \$2,000 per school violation of Minnesota Statutes, Chapter 155A, and Minnesota Rules, Chapters 2105 and 2110.
- E) I understand that I may only be the Designated School Manager for one school at a time.
- F) I understand that I may not concurrently serve as Designated School Manager and as a Designated Licensed Salon Manager unless the salon is a one-person salon that is never open during school class and school clinic hours.

**Printed Name of DSM:** \_\_\_\_\_

**DSM Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_.

**Printed Name of Notary Official:** \_\_\_\_\_

**Notary Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Commission Expiration:** \_\_\_\_\_

**Notary Seal:**

## Section 18: Owner Acknowledgements

**One school owner must provide their initials, on behalf of the school business as a whole, in acknowledgment of each statement below.**

- \_\_\_\_\_ A. The school will remain sanitary, healthful, and safe according to modern standards.
- \_\_\_\_\_ B. The school will provide adequate service to its students and prospective students.
- \_\_\_\_\_ C. Each program of instruction will provide education and training that will fulfill Board licensure requirements, and will adequately prepare students for testing and entry level positions in the cosmetology industry.
- \_\_\_\_\_ D. The school has sound financial status with sufficient resources available to meet the school's financial obligations. A refund of all required tuition and other fees will be provided to students in a reasonable amount of time in the event of a school closure or any situation warranting a refund.
- \_\_\_\_\_ E. The school is in compliance with all applicable building codes and zoning codes as determined by the local building and zoning officials, and fire codes as determined by the State Fire Marshal.
- \_\_\_\_\_ F. The school is equipped with a fire extinguisher and a first aid kit. School employees and students will be made aware of the location of each.
- \_\_\_\_\_ G. The school is in compliance with state and federal OSHA regulations.
- \_\_\_\_\_ H. The school's electrical infrastructure complies with safety standards under Minnesota Statutes Chapter 326B.35, and all electrical equipment and appliances comply with State Fire Code adopted by the State Fire Marshal.
- \_\_\_\_\_ I. All hazardous substances will be inaccessible to the public by prohibiting access to the dispensary, through the use of closed cabinets, or by otherwise prohibiting access to them.
- \_\_\_\_\_ J. The school will comply with Minnesota Statutes, Chapter 155A, and Minnesota Rules Chapters 2105 and 2110 in their entirety.

**Printed name of school owner who initialed this section:** \_\_\_\_\_

### Application Checklist

Prior to submitting the application to the Board office, ensure all sections are complete and accurate, and that all required corresponding materials are attached and are clearly and correctly labeled.

- |  |   |
|--|---|
| <input type="checkbox"/> Section 1—School License Fee                      | <input type="checkbox"/> Section 11—Building and Zoning Compliance        |
| <input type="checkbox"/> Section 2—General School Information              | <input type="checkbox"/> Section 12—School Floor Plan                     |
| <input type="checkbox"/> Section 3—Business Information                    | <input type="checkbox"/> Section 13—School Inventory                      |
| <input type="checkbox"/> Section 4—Disclosure of Company Owners            | <input type="checkbox"/> Section 14—Training Program Curricula            |
| <input type="checkbox"/> Section 5—Financial Documentation                 | <input type="checkbox"/> Section 15—Instructor Roster                     |
| <input type="checkbox"/> Section 6—Surety Bond                             | <input type="checkbox"/> Section 16—Textured Hair Training Affidavit      |
| <input type="checkbox"/> Section 7—Insurance                               | <input type="checkbox"/> Section 17—Designated School Manager             |
| <input type="checkbox"/> Section 8—School Advertising; Student Recruitment | <input type="checkbox"/> Section 18—Owner Acknowledgements                |
| <input type="checkbox"/> Section 9—Student Enrollment                      | <input type="checkbox"/> Request for Add'l Information; Tennessee Warning |
| <input type="checkbox"/> Section 10—School Rules and Policies              | <input type="checkbox"/> Section 19—Application Certification             |
|  | <input type="checkbox"/> Appendix A—Training Program Curriculum           |

## **Request for Additional School Information**

In an effort to gather additional information about the school, the Board requests the applicant 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 financial aid and 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, federal financial aid*)

- ☐ Yes
- ☐ No
- ☐ In-progress

Other entity (*Please provide name, description, and status*): \_\_\_\_\_

## **Tennessen Warning Notice**

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, with the exception of the disclosure of other licensing or accrediting entities, 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 19: Application Disclosure and Owner Certification

Disclose the individual(s) who prepared this application:

Name <small>First, last</small>	Title	Contact Phone Number & Email Address
Name <small>First, last</small>	Title	Contact Phone Number & Email Address

Disclose the individual(s) responsible for responding to questions regarding this application:

Name <small>First, last</small>	Title	Address, Phone Number & Email Address
Name <small>First, last</small>	Title	Address, Phone Number & Email Address

**Each individual disclosed as an owner within Section 4 (page 4) of this application must certify the contents of this application by providing a notarized signature using the templates provided below.**

Use and attach additional templates if necessary. Each owner must sign in the presence of a notary public.  
Incomplete application submissions may require supplemental owner signatures upon application completion.

*"I certify that the information submitted within this application is true and correct.  
I understand that as the business owner disclosed within this application, I am responsible for the school and its compliance.  
I certify that this document has not been altered or changed in any manner from the form adopted by the Board.  
Further, I have read and acknowledge receiving the Tennessean Warning Notice on page 15 of this application."*

Printed Name of Owner: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.*

Printed Name of Notary: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_ Notary Seal:

Printed Name of Owner: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.*

Printed Name of Notary: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_ Notary Seal:

## Appendix A: Training Program Curricula

Appendix A—Page 1 of 5

Use Appendix A to report the school's proposed training program curricula. Use one Appendix A per training program.

**Program Name or Title:** \_\_\_\_\_

### Schedule Information

<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <i>(Select One)</i>	<b>Program Includes Online Theory Instruction:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Clinical instruction must not take place online.</i>
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<b>Projected First Start Date:</b>		<b>Projected First Completion Date:</b>	
<b>Minimum Student Enrollment per Start Date:</b>			
<b>Maximum Student Enrollment per Start Date:</b>			

### Daily and Weekly Schedule Details

Day of the Week	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
<b>Total Hours per Week:</b> _____		
<b>Total Number of Weeks in Program:</b> _____		

### Program Hour Totals

Type of Training	Hours
Pre-Clinical Hours <i>N/A to AP Esthetician or Instructor Training Programs</i>	
Clinical/Practical Hours	
Remaining Theory Hours	
<b>Total Program Hours:</b> _____	

### Unregulated Services

<b>Program Includes Instruction in Unregulated Services?</b> <small>No more than one percent of the total curriculum time may be dedicated to teaching unregulated services.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Select One)</i>	<b>If Yes, List Unregulated Service Topics:</b>  
<b>If Yes, Total Number of Hours:</b>		

**Program Name or Title:** \_\_\_\_\_

**Provide a daily schedule/calendar for the program. You may use the template provided at the end of this form, or submit your own PDF or Excel file with the same information.**

**The daily schedule/calendar must clearly identify:**

- all rule-required training topics (referenced on next page).
- the number of hours devoted to each topic per day labeled as pre-clinical theory, theory, or clinical/practical.
- which portions of theory training are offered online, if any.
- any prerequisites for enrollment.

### Identify Textbook and Instructional Resources

Resource Title	Publisher	Publication Date	Print or Digital <i>Indicate which</i>	Instructor Manual Used? <i>Yes or No</i>

#### Student Access

Please describe how students will access the resources listed above (Ex: Is student access to the resources temporary or permanent? Are the resources paid for by the school, paid for by the student, included in the student kit, etc.?)

Required training topics are listed within [Minnesota Rule Chapter 2110](#) and [Minnesota Statute Chapter 155A](#) and detailed below by program type. **IMPORTANT:** Each daily calendar/schedule submission must include **all** required topics using the terminology below.

Appendix A—Page 3 of 5

Training Program	Required Training Topics
<b>Cosmetologist -</b> <b>1,550 hrs</b> 420 theory (240 pre-clinical) 1,130 clinical	<p><b>Theory: Pre-Clinical Theory (first 240 hours):</b> Anatomy, dermatology, trichology, manicuring, and chemistry as related to cosmetology; electricity and light; infection control; safety procedures related to the practice of cosmetology; and Minnesota Statutes and rules which pertain to the regulation of the practice of cosmetology; student orientation; elementary service skills.</p> <p><b>Eyelash Theory:</b> Structure, function, and disorders of the eye and orbital area; eyelash growth cycles; contraindications and allergic reactions; infection control; eye shapes and eyelash evaluation; product ingredients; health and safety; laws and rules.</p> <p><b>Clinical:</b> Shampooing; scalp and hair conditioning; hair design and shaping; chemical hair control (perms, relaxers); hair coloring; hair styling; skin care and facials; makeup; waxing; manicuring and nail care.</p> <p><b>Eyelash Clinical:</b> Client consultation; design; cleansing the eye area; applying eyelash extensions; removing eyelash extensions.</p>
<b>Esthetician -</b> <b>600 hrs</b> 120 pre-clinical theory 200+ clinical	<p><b>Theory: Pre-Clinical Theory (first 120 hours):</b> Anatomy, dermatology, and chemistry as related to skin care; infection control; safety procedures related to the practice of skin care; and Minnesota statutes and rules that pertain to the regulation of the practice of skin care; student orientation; elementary service skills.</p> <p><b>Eyelash Theory:</b> Structure, function, and disorders of the eye and orbital area; eyelash growth cycles; contraindications and allergic reactions; infection control; eye shapes and eyelash evaluation; product ingredients; health and safety; laws and rules.</p> <p><b>Clinical:</b> Procedures of cosmetic care of the skin; client consultation and skin analysis; applications of facials and makeup; waxing.</p> <p><b>Eyelash Clinical:</b> Client consultation; design, cleansing the eye area; applying eyelash extensions; and removing eyelash extensions.</p>
<b>Nail Technician -</b> <b>350 hrs</b> 50 pre-clinical theory 150+ clinical	<p><b>Theory: Pre-Clinical Theory (first 50 hours):</b> Anatomy, dermatology, and chemistry as related to manicuring; electricity and lights; infection control; safety procedures related to the practice of manicuring; and Minnesota Statutes and rules which pertain to the practice of manicuring; elementary service skills.</p> <p><b>Clinical:</b> Cleaning, conditioning, shaping, reinforcing, coloring, and enhancing of nails; application and repair of artificial nails (including sculptured applications).</p>
<b>Eyelash Technician -</b> <b>14 hrs</b> 8 pre-clinical theory 6 clinical	<p><b>Theory:</b> Structure, function, and disorders of the eye and orbital area; eyelash growth cycles; contraindications and allergic reactions; infection control; eye shapes and eyelash evaluations; product ingredients; health and safety; and laws and rules.</p> <p><b>Clinical:</b> Client consultation; design; cleansing the eye area; applying eyelash extensions; removing eyelash extensions.</p>

Required training topics are listed within [Minnesota Rule Chapter 2110](#) and [Minnesota Statute Chapter 155A](#) and detailed below by program type. **IMPORTANT:** Each daily calendar/schedule submission must include **all** required topics using the terminology below.

Training Program	Required Training Topics
<b>Hair Technician - 900 hours</b>	<b>The first 300 hours:</b> student orientation; preclinical instruction in the theory of sciences, including: muscle and bone structure and function, properties of the hair and scalp, disorders and diseases of the hair and scalp, chemistry as related to hair technology; and electricity and light related to the practice of hair technology; theory and preclinical instruction on client and service safety prior to students offering services; introductory service skills that are limited to the observation of an instructor demonstration, student use of mannequins, or student-to-student application of basic services related to hair technology; Minnesota statutes and rules pertaining to the regulation of hair technology; health and safety instruction that includes: chemical safety, safety data sheets, personal protective equipment (PPE), hazardous substances, and laws and regulations related to health and public safety; and infection control to protect the health and safety of the public and technician that includes: disinfectants, disinfectant procedures, cleaning and disinfection, single use items, storage of tools, implements, and linens, and other implements and equipment used in salons and schools.
	<b>300 hours in:</b> hair cutting and styling that includes hair and scalp analysis, cleaning, scalp and hair conditioning, hair design and shaping, drying, arranging, curling, dressing, waving, and nonchemical straightening.
	<b>300 hours in:</b> chemical hair services that includes hair and scalp analysis, dying, bleaching, reactive chemicals, keratin, hair coloring, permanent straightening, permanent waving, predisposition and strand tests, safety precautions, chemical mixing, color formulation, and the use of dye removers.
<b>Advanced Practice (AP) Esthetician - 500 hrs</b>	<b>Theory:</b> Advanced cell histology of the skin; lymphatic system; wound healing; skin classification systems; dermatological disorders and terminology; advanced practice skin care treatments; chemistry and biochemistry of product ingredients and modalities; electrical and light energy; client consultation with skin classifications and medical history; infection control; health and safety.
	<b>Clinical:</b> Skin analysis; client consultation; dermaplaning or a machine exfoliation service; chemical peels to include alpha hydroxy acids, beta hydroxy acids, trichloroacetic acids, and blended acid peels; electrical energy services to include services using direct current, indirect current, sound energy, and light energy; advanced facial treatments using lymphatic drainage and advanced extractions; skin needling; infection control and safety procedures.
<b>Instructor - 45 hrs</b>	<b>Theory:</b> Lesson planning and development; pedagogy and teaching methodologies; classroom and clinic-floor management; student evaluation and assessment; social equity and cultural responsiveness; remote learning strategies; administration of the skills test; and Minnesota statutes and rules.

# Appendix A: Training Program Curricula

**Program Name or Title:** \_\_\_\_\_

## Provide Online Theory Instruction Details

*Schools that are not seeking online theory approval SKIP this step.*

Online instruction is permitted for Board-approved theory-based classes.  
Practice-based classes must not be given online ([Minnesota Statute 155A.30 Subd. 11](#)).

Online Theory Instruction Details			
<b>Method of Delivery</b> <i>Indicate Type</i>	<input type="checkbox"/> Synchronous	<input type="checkbox"/> Asynchronous	<input type="checkbox"/> Mixed Synchronous/ Asynchronous
Provide a description of the method of delivery to be used, and how the school will meet instructor supervision requirements:			
List the technologies to be used by the school <i>and</i> students:			
Provide a description of how student training hours will be tracked:			

## School Curriculum Reporting Template

- Complete one template for each week of the training program. Fill in all enterable fields.
- List all daily topics of instruction and label each as Pre-Clinical, Theory or Clinical/Practical.

### Reminders:

- Curriculum must include all training topics required by rule.
- Students must not receive credit for more than ten hours of training per calendar day.
- Online instruction is permitted for board-approved theory-based classes. Practice-based classes must not be given online.

12/2025

Week No. ____ of ____						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:	Start Time:	Start Time:	Start Time:	Start Time:	Start Time:	Start Time:
End Time:	End Time:	End Time:	End Time:	End Time:	End Time:	End Time:
Daily Theory Hours	Daily Theory Hours	Daily Theory Hours	Daily Theory Hours	Daily Theory Hours	Daily Theory Hours	Daily Theory Hours
Daily Clinic Hours	Daily Clinic Hours	Daily Clinic Hours	Daily Clinic Hours	Daily Clinic Hours	Daily Clinic Hours	Daily Clinic Hours