

BARBERSHOP APPLICATION

Complete all sections and attach all required documentation.

Submit the completed application, documents, and fee by mail or in person to the address above.

IMPORTANT:

- **Your registration may be delayed or denied if you fail to submit a complete and accurate application.**
- **Use the checklist on page 8 to ensure all sections are complete.**
You will also find helpful resources on that page.
- **Submit your application before the scheduled opening of your new barbershop.**
License/registration is required before the barbershop opens for business.
- **If the shop location changes or the ownership changes, submit a change of ownership or shop relocation application to the Board within 30 days of the change.**
- **It is a violation to operate a shop without a registration or operate with an expired registration.**
Barbershop registrations/licenses expire annually on June 30 regardless of issue date.

Applicant Information Collection and Use (Tennessee Warning)

Information collected during the application process is used to determine eligibility for barbershop registration/. You are not legally required to provide any of the information requested. If you do not provide the information, your application will be delayed or denied.

The Board is required to have a Minnesota Tax ID number and legal name for all barbershops. We are also required by Minnesota Statute 270C.72 to have your Social Security Number.

- We cannot issue a license without having the Minnesota Tax ID number, legal name of the barbershop, and in some cases your Social Security Number.
- Your Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue and may be used for revenue recapture as authorized by Minnesota Statute.
- Minnesota Statute 13.355 classifies Social Security Numbers as private data on individuals.
- Your Social Security Number will not be released except as specifically authorized by law.

When registered, all other information provided on the application will become public information pursuant to Minnesota Statute Chapter 13.41 Subd. 5.

Effective August 1, 2020, the Barber Board will no longer accept cash payments. All fees must be paid by check or money order made payable to the Minnesota Barber Board.

SELECT THE APPLICATION TYPE: Choose one

☐ **New Barbershop \$85.00.** New barbershop being opened. *All Parts of the application must be completed.*

☐ **Change of Ownership \$55.00** currently registered barbershop that will be in the same location with the same name and floorplan. If the barbershop registration is not current or the name and/or location is changing select New Barbershop above and provide previous shop registration number below. *All Parts of the application must be completed.*

Current Shop Registration Number: _____

Current Shop Name: _____

Seller (previous owner) printed name: _____

Seller Signature _____ Date _____

Seller: By signing this application you are giving the new owner permission to register the barbershop with the same name and registration number that the shop currently has.

Signature required to change of ownership if the barbershop is currently registered. If previous owner of a currently registered shop cannot sign explain why below and choose New Barbershop as application type.

___ Deceased ___ Unknown ___ Other explain: _____

☐ **Shop Relocation \$55.00.** The shop owner and shop name will stay the same but the shop is moving to a new space. *All Parts of the application must be completed.*

Shop Registration Number _____

Shop address before moving _____

BARBERSHOP INFORMATION:

Attach a copy of the barbershop business/name registration from the Minnesota Secretary of State Office

See page 4 for additional name information and requirements

Barbershop Legal Registered Name (shop name as registered with the Secretary of State)		
Address (Barbershop Street Address)		Barbershop Telephone Number
City, State, Zip Code		MN Tax Identification Number <u>Not Employer Identification #</u> _ _ _ _ _
Website:	Email:	County
License will be mailed to the address above. If you want us to mail your license to a different address please put the name and address here:		

HOURS:

Is this barbershop open by appointment only? _____ Yes _____ No

_____ Monday from _____ to _____

_____ Tuesday from _____ to _____

_____ Wednesday from _____ to _____

_____ Thursday from _____ to _____

_____ Friday from _____ to _____

_____ Saturday from _____ to _____

_____ Sunday from _____ to _____

SIZE:

Total square footage of barbershop: _____

Number of barber stations: _____ Number of sinks: _____ (not counting restrooms)

Minnesota rule requires one sink for every two barber chairs in the working area of the barbershop, not counting the restrooms. One of the sinks, for every six chairs must be a shampoo bowl.

LOCATION:

Is this location also licensed as a cosmetology salon? _____ Yes _____ No

If yes, how many cosmetologists work at the location? _____

Is this barbershop in your home? _____ Yes _____ No

If yes, the barbershop entrance and barbershop restroom must be completely separate from the residence.

Is this barbershop co-located with another business? _____

If yes, what type of business?: _____

Minnesota Administrative Rules 2100.7700 OTHER USE OF PREMISES.

Subpart 1. Prohibited uses: No person shall use any room or part of a place which is also used for residential purposes, or any business purpose other than barbering, unless the areas are separated by substantial partition, extending from the floor to the ceiling. Further, any door or other entrance leading into the residential or other business portion of the building must be used only for the passage of barbers or other employees.

Subp. 2. Exception: barbershop with beauty shop: Subpart 1 notwithstanding, a cosmetology salon and a barber shop may be operated in conjunction, without being separated by a partition of ceiling height.

DESIGNATED REGISTERED BARBER

- A designated registered barber is required for all barbershops (barbershop manager).
- A registered barber may be the designated barber of more than one shop.
- A registered barber, not necessarily the designated barber, must be present during all hours of barbershop operation.

Registered Barber Last Name	Registered Barber First Name	Barber Registration Number
Barber Signature:		Date:

BARBERSHOP OWNERSHIP INFORMATION

Businesses in Minnesota must register with the Secretary of State's Office 60 Empire Drive, Suite 100, St. Paul, MN 55103, 651-296-2803 (Greater MN: 1-877-551-6767), Email: business.services@state.mn.us or website: www.sos.state.mn.us.

Choose One: Attach copies of required documents listed for the business type

- ☐ Corporation *Certificate of Assumed Name and Certificate of Organization required*
☐ Limited Liability Company *Certificate of Assumed Name and Certificate of Organization required*
☐ Limited Liability Partnership *Certificate of Assumed Name and Certificate of Organization required*
☐ General Partnership *Certificate of Assumed Name required*
☐ Sole Proprietor *Certificate of Assumed Name required for any name used other than owners full name*

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

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. *Attach a copy of the Certificate of Organization*

☐ **COMPANY OWNERS, PARTNERS OR OFFICERS**

Names, Addresses and contact information for all owners, partners, officers Attach additional sheets as needed

Last Name		First Name		Title	
Address				Telephone Number	
City	State	Zip Code	Email		

Last Name		First Name		Title	
Address				Telephone Number	
City	State	Zip Code	Email		

Last Name		First Name		Title	
Address				Telephone Number	
City	State	Zip Code	Email		

☐ **INDIVIDUAL OWNERSHIP (Sole Proprietorship) Barbershop name is the owner's full name (Last name, first name)**

Owner Last Name	Owner First Name		Date of Birth (required)	
Address		Telephone Number		Owner Social Security Number (required)
City	State	Zip Code	County	
		Email (required):		

OWNER AND DESIGNATED REGISTERED BARBER RESPONSIBILITIES

154.01 REGISTRATION MANDATORY. States in part

... c) No person shall operate a Barbershop unless it is at all times under the direct supervision and management of a registered barber and the owner or operator of the Barbershop possesses a current shop registration card, issued under sections 154.001, 154.002, 154.003, 154.01 to 154.161, 154.19 to 154.21, and 154.24 to 154.26 by the Board of Barber Examiners.

2100.7100 SHOP REGISTRATION CARD.

Upon application for a Barbershop's first shop registration card ... a proposed floor plan will be submitted for the board's approval at least 30 days prior to the scheduled shop opening date.

The floor plan is part of the application, therefore, shop applications are to be submitted at least 30 days prior to the scheduled shop opening.

Renewal

Your shop license/registration will expire each year on June 30th regardless of the date it was issued. Failure to renew prior to that date will result in additional fees to reinstate the license/registration.

The Board sends renewal notices as a courtesy only. It is the shop owner's responsibility to insure the license/registration is renewed on time.

Name Change

If you change the name of your barbershop, you must notify the Board and the Minnesota Secretary of State immediately.

If the owner of the barbershop has a personal change of name, please notify the Board including a copy of the legal document that changed your name (marriage certificate, divorce decree, naturalization paper).

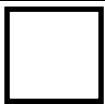
Address Change (change of location)

If you change the location of your barbershop, you must notify the Board by completing a barbershop application indicating the change. The entire application must be completed when the shop changes location. Only the current owner of record may change the location of a barbershop.

SHOP FLOOR PLAN*Please read carefully*

- Draw a diagram of the barbershop floor plan.
 - Each room used for barbering services must have a sink.
 - Each barber station must have unobstructed access to a sink or shampoo bowl within 5 feet of the chair or there must be a dispensary that includes a sink for cleaning tools. Two stations may share a sink.
- Include all partitions, doorways, workstations, waiting area, restrooms etc...Label each room/area
- If the shop is also a cosmetology salon clearly label the barber workstation(s)
- You may attach a blue print or formal drawing – all items must be labeled, please indicate in the grid below if an alternative drawing is attached.

Each square = 5 feet x 5 feet



= Chair



=Sink



=Shampoo Sink



= Dispensary

A dispensary must be located in each Barbershop and each barber school where hot and cold running water is not present within five feet of the working chair. A dispensary is a room, booth, or area with a sink where implements will be cleansed and disinfected. See MN Rules Chapter 2100.8100 subpart 3 for details.

BUILDING AND ZONING COMPLIANCE

To assure that the Barbershop is in compliance with current local building and zoning ordinances, this page must be completed for all Barbershop applications even if the location has been a Barbershop before.

**BUILDING AND ZONING COMPLIANCE STATEMENT TO BE
COMPLETED BY ZONING OFFICIAL, ORIGINAL
SIGNATURE REQUIRED**

I attest that the barbershop located at _____
(Shop Address)
as identified in this application, is in compliance with local building and zoning requirements.

City or County of Jurisdiction

Signature of Zoning Official

Title

Date

Printed Name of Zoning Official

Telephone

CERTIFICATION OF APPLICANT

I certify that the information included 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 Minnesota Board of Barber Examiners.

Signature of Applicant

Date

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

By _____.
Printed Name of Applicant

Notary Seal

Signature of Notary Public

County: _____

My Commission Expires: _____

APPLICATION CHECKLIST

This checklist is provided for your personal use to help you to submit a complete application.
Have you completed?

- ☐ Read page 1
- ☐ Application type and Barbershop information on page 2
- ☐ Shop facilities information on page 3
- ☐ Designated Barber information on page 3
- ☐ Shop Ownership information
 - Shop corporate ownership information on page 4
 - Shop individual (sole proprietor) ownership information on page 5
- ☐ Read owner and designated barber responsibilities page 5
- ☐ Shop floor plan on page 6
- ☐ Building and Zoning Sign-off on page 7
- ☐ Signed and notarized page 7
- ☐ Attached Certificate of Assumed Name
- ☐ Attached Certificate of Organization if corporate ownership
- ☐ Enclosed fee payment

Application Resources:

<u>Minnesota Board of Barber Examiners</u> <i>Licensing, compliance, and inspections</i> 651-201-2820 or bbe.board@state.mn.us mn.gov/boards/barber-examiners	<u>Minnesota Secretary of State</u> <i>Assumed name and business registration</i> 651-296-2803 (Greater MN: 1-877-551-6767) or business.services@state.mn.us or www.sos.state.mn.us
<u>Minnesota Department of Revenue</u> <i>Tax information and filing</i> 800-657-3777 or 651-296-6181 www.revenue.state.mn.us	<u>Minnesota Department of Employment and Economic Development</u> <i>Information on starting and managing a business</i> 651-259-7114 or deed.customerservice@state.mn.us www.mn.gov/deed
<u>Minnesota Department of Labor & Industry</u> <i>Workers compensation, wages, and employment</i> 651-284-5005 or dli.communications@state.mn.us www.doli.state.mn.us	

*This document is available in alternative formats to individuals with disabilities by calling
651-201-2820 or through the Minnesota Relay Service at 1-800-627-3529.*

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