

Completed Application Application fee: \$45.00

School Currently Attending:

START DATE:

335 Randolph Avenue, Suite 120 St. Paul, MN 55102

Phone: 651-201-2820 Fax: 651-797-1371 mn.gov/boards/barber-examiners

BBE.Board@state.mn.us

# **Barber Student Permit Application**

Application Requirements: The following items must be included with the application for processing:

	Copy of High School Diploma, GED, or transcript showing completion of 10 <sup>th</sup> grade			
	± *	oney order made payable to the Minn es cash payments. The Board does not		0 .
Th	t legally required to provide any of th	d Use plication process is used to determine elique information requested. If you do not plue application process may be delayed or	provide the informa	tion, the Board may be
per Mi Sta	rmit or license without having the nun nnesota Commissioner of Revenue an	s Social Security Number on file by Minr hber. Your Social Security Number may led and may be used for revenue recapture as a lumbers as private data on individuals an by law.	oe requested by and authorized by Minne	released to the esota Statute. Minnesota
bec		eense, or registration, all information prov Minnesota Statute Chapter 13.41 Subd. 5		
То	avoid delay in processing, please of	omplete all parts of the application and p	rovide all requested	documentation.
		ication process or need assistance please aidays. If we do not answer, please leave a		
St	udent Information			
	Last Name:	First Name:		Middle Initial:
1	Address:	I	Telephone Nu	ımber
(	City	State	Zip Code	County
]	Date of Birth (required)	Social Security Number	E-mail address	s (required)

(required)

If yes what school did you attend?

Dates of attendance:

Have you previously applied for or held a MN student permit?

All barber applicants in the State of Minnesota must answer the following questions. If you answer yes to any of these questions, you must provide the additional documentation as listed.

1. Have you ever held a barber certificate/license in another State or Country?  If yes, list the certificate/license type and the State/Country in which you were certified/license.	o Yes
	o <b>No</b>
2. Has any professional or occupational license, certification, registration, or permi held by you been fined, suspended, revoked, refused or denied in this or any oth	ner
state, by the federal government, or any other jurisdiction?  If yes, you must attach all of the following:	o Yes
<ul> <li>A written statement signed and dated by the applicant identifying the type of license, certificate, registration or permit and an explanation of each incident including the jurisdiction.</li> </ul>	
<ul> <li>A copy of the official document which establishes the resolution or final judgment.</li> </ul>	
3. Have you been notified by the Commissioner of Revenue, pursuant to Minnesota	o Yes
Statute 270C.72, that you currently owe the State of Minnesota any delinquent	
taxes? If yes, attach a signed, dated explanation including payment plan or resolution.	o No

# **Student Barber Responsibilities**

Your signature on this application indicates that you have read, and understand the following:

#### **Student Permit**

Your student permit is valid for 15 months. It may be renewed one time. It must be renewed within 30 days of expiration; if longer than 30 days from expiration, you will need to apply for a new permit.

You are allowed to practice barbering in the barber school only. If you are found to be practicing barbering in any other setting, you will be considered to be barbering without a license or registration and your permit will become subject to disciplinary action which may include, but not be limited to: penalty fees, suspension, denial, or revocation.

#### **Communicable Disease**

You may not practice barbering while you have an infectious or contagious disease. By signing this application you certify that you currently do not have an infectious or contagious disease.

## **Sanitation**

Minnesota Statute 154.19 states in part: "...For the purposes of this section, barbers, students, apprentices, or the proprietor or manager of a barber shop, or barber school or barber college, shall be responsible for all violations of the sanitary provisions of this section..."

Therefore as a student you are responsible for all sanitation practices including the cleanliness of the school subject to inspection and the statutes and rules governing barbering.

# **Name Change**

If you have a change of name, please notify the Board in writing and include a photocopy of the legal document that changed your name (marriage certificate, divorce decree, court order, etc.).

# **Address Change**

An address change can be completed over the telephone, by fax, in person or by e-mail. It is your responsibility to inform the Board or it may prevent or delay receipt of important Board communications.

## **Barber Laws and Rules**

As a barber you must comply with the provisions of Minnesota Statute Chapter 154 and Minnesota Rules Chapter 2100.

## **CERTIFICATION OF APPLICANT**

I certify that I have read and understand the information provided above and that the information I have included within this application is true and correct.

Signature of Applicant	Date
Subscribed and sworn before me thisd	day of, 20
Notary Seal	
	Notary Public County:
	My Commission Expires: