

Barber Student Permit Application

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

- Completed Application**
- Application fee: \$45.00**
- Copy of High School Diploma, GED, or transcript showing completion of 10th grade**

Fees must be paid by check or money order made payable to the Minnesota Barber Board. Effective August 1, 2020, the Board no longer accepts cash payments. The Board does not accept payment by phone.

Applicant Information Collection and Use

The information collected during the application process is used to determine eligibility for a student barber permit. You are not legally required to provide any of the information requested. If you do not provide the information, the Board may be unable to process your application and the application process may be delayed or the application be denied.

The Board is required to have a licensee's Social Security Number on file by Minnesota Statute 270C.72 and cannot issue a permit or license without having the 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 and your Social Security Number will not be released except as specifically authorized by law.

Upon issuance of a permit, certificate, license, or registration, all information provided during the application process will become public information pursuant to Minnesota Statute Chapter 13.41 Subd. 5, with the exception of Social Security Numbers as specified above.

To avoid delay in processing, please complete all parts of the application and provide all requested documentation.

If you have questions regarding the application process or need assistance please call the office at 651-201-2820 Monday - Friday 8:00 am to 4:30 pm excluding holidays. If we do not answer, please leave a message and we will return the call.

Student Information

Last Name:	First Name:	Middle Initial:	Gender ___M ___F
Address:		Telephone Number	
City	State	Zip Code	County
Date of Birth (required) / /	Social Security Number (required)	E-mail address (required)	
School Currently Attending:	Have you previously applied for or held a MN student permit?		
	If yes what school did you attend?		
START DATE:	Dates of attendance:		

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.

<p>1. Have you ever held a barber certificate/license in another State or Country? <i>If yes, list the certificate/license type and the State/Country in which you were certified/licensed:</i></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>2. Has any professional or occupational license, certification, registration, or permit held by you been fined, suspended, revoked, refused or denied in this or any other state, by the federal government, or any other jurisdiction? <i>If yes, you must attach all of the following:</i></p> <ul style="list-style-type: none"> • 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. • A copy of the official document which establishes the resolution or final judgment. 	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>3. Have you been notified by the Commissioner of Revenue, pursuant to Minnesota Statute 270C.72, that you currently owe the State of Minnesota any delinquent taxes? <i>If yes, attach a signed, dated explanation including payment plan or resolution.</i></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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.

Copies of the Minnesota Barber Laws and Rules may be purchased from the Minnesota Bookstore, 651-297-3000, located at 660 Olive Street, St. Paul, or found at: www.leg.state.mn.us.

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 this _____ day of _____, 20_____.

Notary Seal

Notary Public

County: _____

My Commission Expires: _____