

NEW SALON OR NEW BOOTH LICENSE APPLICATION

Send to: South Dakota Cosmetology Commission 500 E Capitol Ave Pierre SD 57501 605-773-6193

ALL APPLICABLE INFORMATION MUST BE COMPLETED BEFORE A LICENSE IS ISSUED. PRINT OR TYPE - SUBMIT FEE AND APPLICATION TOGETHER. Fees are non-refundable. License must pass inspection before the expiration date.

1. License Type and Fees (check one box only)		I am applying for:	A booth renter is the owner.
Cosmetology Salon	\$60	Cosmetology Booth	\$60
Nail Technology Salon	\$60	Nail Technology Booth	\$60
Esthetics Salon	\$60	Esthetics Booth	\$60
Limited Salon	\$60	Limited Booth	\$60

You cannot open until you receive your license permit in the mail.

2. Salon or Booth Name: _____

3. If Booth: What is the salon name where it is located: _____

4. Salon or Booth physical address: _____
Street City Zip

Note: you must provide a home/personal mailing address below--we do not mail any licenses to a salon or booth address.

5. Home Mailing Address: _____
Street City Zip

6. Telephone Number(s) Salon: _____ Personal: _____

7. Services Offered: (check those that apply) Hair design Esthetics (Skin) Nail Technology

8. YOUR Opening Date: _____ Check the days YOU are CLOSED: M TU W TH F SA SU

9. Are YOU closing/moving a salon/booth? No Yes If yes, license number: _____ If this is a change of ownership, please give former owner's name: _____

10. Ownership type:

Sole Proprietorship OWNER'S NAME: _____
Social Security Number: _____

Partnership Complete area on next page Corporation Complete area on next page

11. IF an owner(s) has a cosmetologist, nail technician or esthetician license, show your license number below:

License number: ____ - _____ - ____

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief is, in all things, true and correct. I understand that if a license is issued to me as the owner it cannot be transferred to another party or location unless a new application is filed and another fee submitted to the commission. I further certify that the salon or booth complies with the rules of the Commission, all local zones and ordinances, health safety and sanitary rules, and the rules of any state agency including the Department of Revenue Sales Tax Division. I understand that an inspection of the premise will be made by the inspector and any misstatement found in this application will be cause for a hearing before the South Dakota Cosmetology Commission. I also understand that this permit is good for only 90 days, and that the salon or booth will be inspected and must pass an inspection by that date.

12. Signature of Owner(s): _____ **Date:** _____

Office Use Only Permit License Number: _____
Inspector Name: _____

Date Processed: _____
Date Expires: _____

IMPORTANT: Remember to register your Business Name with your County Registrar of Deeds office (find the number in your phone book). Report any employees to the Department of Labor and Regulation (605/626-2312).

10. Partnership Ownership Information. If you have a partnership, you must complete this area or attach a separate sheet with this information:

Name of Partnership or Partners Names:

_____ Social Security Number or Fed ID number: _____

_____ Social Security Number or Fed ID number: _____

Address of principal place of business:

Name and address of South Dakota agent authorized to accept legal services and sign application:

10. Corporation Ownership Information. If you are a corporation, you must complete this area or attach a separate sheet with this information:

Name of Corporation: _____

Federal ID number: _____

Name and address of principal place of business:

Name and address of South Dakota agent authorized to accept legal services and sign application:
