

# 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:

Cosmetology Salon	\$60	<input type="checkbox"/>	Cosmetology Booth	\$60	<input type="checkbox"/>	A booth renter is the owner.
Nail Technology Salon	\$60	<input type="checkbox"/>	Nail Technology Booth	\$60	<input type="checkbox"/>	
Esthetics Salon	\$60	<input type="checkbox"/>	Esthetics Booth	\$60	<input type="checkbox"/>	
Limited Salon	\$60	<input type="checkbox"/>	Limited Booth	\$60	<input type="checkbox"/>	

**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

5. Mailing Address (if different): \_\_\_\_\_  
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: \_\_\_\_\_ Circle the days YOU are CLOSED: M TU W TH F SA SU

Note: Complete floor plan on the reverse side.

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 reverse side Corporation  Complete area on reverse side

**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: \_\_\_\_\_ Date Processed: \_\_\_\_\_  
Inspector Name: \_\_\_\_\_ Date Expires: \_\_\_\_\_

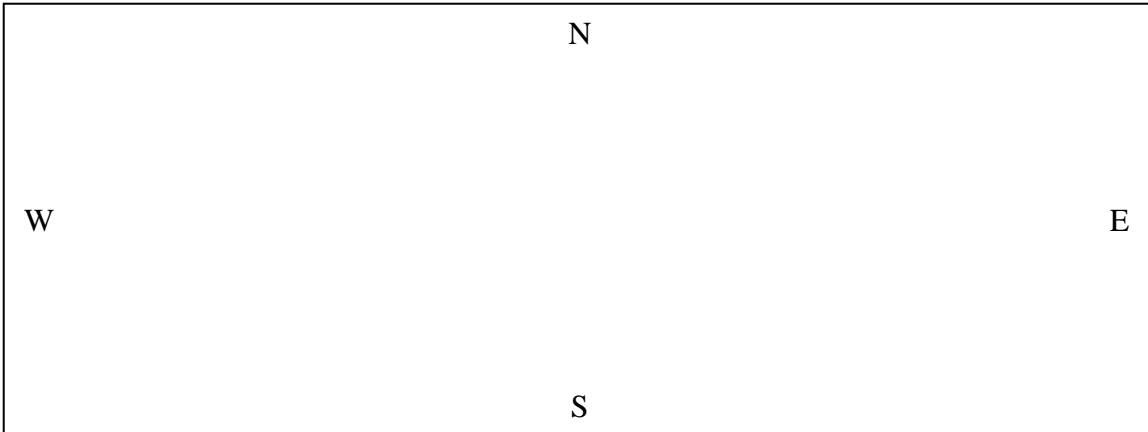
**COMPLETE EACH OF THE FOLLOWING ITEMS:**

**13. BUSINESS LOCATED IN:** (check one) Professional Building  Personal Residence  Mall  Other (describe) \_\_\_\_\_

**14. IF the salon is on a rural route,** submit with the application a map or directions indicating how to locate the salon.

**15. FLOOR PLAN (rough draft):** Draw the following locations in the space provided or provide a layout on a separate sheet.

- a. For booths, show entire space, then clearly indicate the area your booth will occupy.
- b. Salon premises in relation to the rest of the building;
- c. Toilet facility;
- d. All sinks in salon;
- e. Each booth or work station;
- f. All entrances and exits.



SHOW ENTIRE SALON, THEN CLEARLY INDICATE WHICH AREA YOU WILL OCCUPY. USE THESE SYMBOLS TO INDICATE THE LOCATION OF THE ITEMS. MARK YOUR BOOTH AREA IF YOU ARE A BOOTH RENTER.

SINK -  STATION -  TOILET -  DRYERS -  DOORS -

**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: \_\_\_\_\_  
\_\_\_\_\_