

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA COSMETOLOGY COMMISSION

217 W. Missouri, Pierre, SD 57501
Tel: 605.773.6193 Fax: 605.773.7175 cosmetology.sd.gov

APPRENTICESHIP – SALON APPLICATION

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 permit expiration date. Send to address above.

LICENSE TYPE AND FEES (check one box only)

I am applying for: Apprenticeship – Salon License \$250

DETAILED INFORMATION

Salon Name: _____

Salon 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.

Home Mailing Address: _____
Street City State Zip

Telephone Number(s) Salon: _____ Personal: _____

Email Address: _____
(if opening a salon under an EIN #, please use a different email than associated with your personal license)

Your (OWNER) name: _____ License number: _____

Salon Manager in Charge: _____ License number: _____

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

Tentative Start Date of first Apprenticeship: _____ Circle the days YOU are OPEN: M TU W TH F SA SU

If this is a change of ownership, please give former owner's name: _____

Signature of Owner: _____ Date: _____

Social Security Number: _____ or Federal ID Number (FEIN) if Corporation _____

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 it cannot be transferred to another party or location. I understand that this license is valid until the set completion date of the apprenticeship. I understand that if the apprenticeship is not completed on the set completion date, this license will have to be renewed at the \$250 renewal fee. I further certify that the salon 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.

Signature of Owner(s): _____ Date: _____

Office Use Only: Apprentice Salon License Number _____
Date processed: _____
Inspector _____