LICENSE RENEWAL NOTICE AND APPLICATION FORM

AS OF 2008
SOUTH DAKOTA COSMETOLOGY COMMISSION

Complete and postmark before YOUR annual renewal date to avoid the penalty.

Send to: SD Cosmetology Commission  500 E Capitol Ave   Pierre, SD 57501
The fee must accompany this form. Check or money order.
License fees are non-refundable.

Use this form if you do not have the renewal form that is attached to the bottom portion of your current license. ** One form per license renewal. **

$20 for a personal license (renewal annually on YOUR BIRTHDATE)   Fees changed in 2008
I wish to renew my license (circle one):  Cosmetologist        Nail technician          Esthetician
(The manager title was dropped on July 1, 2007)

$25 for an instructor license (renewal annually on YOUR BIRTHDATE)
I wish to renew my instructor license (circle one):    Junior Instructor     Senior Instructor

$35 for each salon/booth license (renewal annually on SALON OPENING DATE)   Fees changed in 2008
I wish to renew my salon/booth license (circle one):
  Cosmetology Salon   Nail Salon
  Cosmetology Booth   Nail Booth
  Esthetics Salon     Limited Salon
  Esthetics Booth

$5 for each duplicate license
I need a duplicate license:                     Duplicate   Which license? _____________________________

PRINT
If paid or postmarked after the annual renewal date, include a $20 late fee per year to the license fee.

Name:_______________________________________________________________________________________
Is this a name change? No_____   Yes____  Previous name?________________________________________
Salon/Booth Name (for salon/booth renewal only):_______________________________________________
Address:____________________________________________________________________________________
City, State, Zip:______________________________________________________________________________
Is this an address change? No_____   Yes _____  Previous Address:____________________________________
License Number (if you know it):________________________________                     Expiration date:_________________

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.

Signature:__________________________________________________________________________________

* If your license has expired for more than one year, you must contact the Cosmetology Commission office at 605-773-6193.