LICENSE RENEWAL NOTICE AND APPLICATION FORM
AS OF 2020

*Complete and postmark before YOUR annual renewal date to avoid any penalties.*
Send to the address above.
Fees must accompany this form. Check or Money Order. License fees are non-refundable.

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

** One form per license renewal. **

$25 for a personal license (renewal annually on YOUR BIRTHDAY) Fees changed in 2020.
I wish to renew my license (check one): ☐ Cosmetology ☐ Nail Technician ☐ Esthetician

$35 for an instructor license (renewal annually on YOUR BIRTHDAY)
I wish to renew my license (check one): ☐ Instructor

$40 for each salon/booth license (renewal annually on SALON OPENING DATE) Fees changed in 2020.
I wish to renew my license (check one):
☐ Cosmetology Salon ☐ Nail Salon
☐ Cosmetology Booth ☐ Nail Booth
☐ Esthetician Salon ☐ Limited Salon
☐ Esthetics Booth

$5 for each duplicate license:
Number of Licenses: _______________ License number: _____________________________________

If paying or postmarked after the annual renewal date, include a $20 late fee to the license fee.

Name: ______________________________________________________________________________

Is this a name change: ☐ No ☐ Yes - Previous Name: ______________________________________
(PROVIDE LEGAL PROOF OF NAME CHANGE)

Phone Number: ___________________________ Email: ___________________________

Salon/Booth Name (for salon/booth renewal only): ______________________________________

Address: __________________________________________________________________________
STREET __________________________________________________________________________
CITY __________________________________________________________________________
STATE __________ ZIP __________

Is this a name address change: ☐ No ☐ Yes - Previous Address: ___________________________

License Number (if you know it): ___________________________ Expiration Date: _____/_____/_____

I declare and affirm under the penalties of perjury 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.

Rev. 01/2020