

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

**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 form 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):

- | | |
|--------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Cosmetology Salon | <input type="checkbox"/> Nail Salon |
| <input type="checkbox"/> Cosmetology Booth | <input type="checkbox"/> Nail Booth |
| <input type="checkbox"/> Esthetician Salon | <input type="checkbox"/> Limited Salon |
| <input type="checkbox"/> 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.