

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

NEW SALON OR NEW BOOTH LICENSE 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:

Cosmetology Salon	\$60	Cosmetology Booth	\$60
Nail Technology Salon	\$60	Nail Technology Booth	\$60
Esthetics Salon	\$60	Esthetics Booth	\$60
Limited Salon	\$60	Limited Booth	\$60

A booth renter is the owner.

**You cannot open
until you receive your
license permit in the mail.**

DETAILED INFORMATION

Salon or Booth Name: _____
(Booth name will always be your first and last name followed by the word "Booth")

If Booth: What is the salon name where it is located: _____

Salon or Booth 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)

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

YOUR Opening Date: _____ Circle/check the days YOU are CLOSED: M TU W TH F SA SU

Are YOU closing/moving a salon/booth? No Yes If yes, S/B license #: _____

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

OWNERSHIP INFORMATION

Ownership type: Sole Proprietorship Partnership Corporation
(complete this section) (complete area on Page 2) (complete area on Page 2)

Owner's Name: _____ **Social Security Number:** _____

IF an owner(s) has a cosmetologist, nail technician or esthetician license, list 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.

Signature of Owner(s): _____ Date: _____

Read and Complete Page 2 if Applicable

OFFICE USE ONLY

Permit License Number: _____ Date Processed: _____
Inspector Name: _____ Date Expires: _____

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.

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: _____
_____ 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:

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: