



**SALON LICENSE APPLICATION**  
 NORTH DAKOTA STATE BOARD OF COSMETOLOGY  
 SFN 11795 (05-2023)

ND State Board of Cosmetology  
 4719 Shelburne St, Suite 1  
 Bismarck, ND 58503

- The original application must be notarized and submitted **two weeks** prior to the Salon opening date.
- A fee of \$80.00 must be submitted with application.  
**\*\*No payment will be accepted without a complete application.\*\***

**COSMETOLOGY ESTABLISHMENT DETAILS**

Business Name of Salon*
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\*Business names must be registered as a trade name with the Secretary of State's office. For questions, call 701-328-2900 or visit their website at <https://sos.nd.gov/>.

Street Address	City	State	ZIP Code
Master Cosmetologist, Esthetician, or Manicurist of the Salon		Master Licensee Number	
Owner of Salon	Salon Telephone Number	Personal Telephone Number	
Opening Date	Email Address		

**CHANGE IN SALON, LOCATION or OWNER**

New Salon <input type="checkbox"/> Yes <input type="checkbox"/> No	Change of Location <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner Change (if yes, complete fields below) <input type="checkbox"/> Yes <input type="checkbox"/> No
List Former Salon Name	Former Owner Name	

**ESTABLISHMENT CHECKLIST**

Requirements	Yes	No	Requirements (cont'd)	Yes	No
Sign visible from street			Exhaust fan in work area		
Separate entrance and exit for public			Covered waste containers		
Separate living/sleeping quarters			Wet sanitizer		
Adequate work space			First aid kit		
Carpet in work area					
Restrooms are in a convenient location and have a sink, liquid soap, and disposable towels or air dryer					
Separate supply area (i.e. cabinet/storage) that is not accessible to public					
Separate dispensing area is not accessible to the public					
Enclosed cabinet/container for clean cloth/linen items					

Salon Located in		
<input type="checkbox"/> Commercial/Public Building	<input type="checkbox"/> Hotel/Apartment Home	<input type="checkbox"/> Private Residence
Is salon connected with a residence? <i>(If yes, indicate position on floor plan below)</i>		
Is salon connected with another business? <i>(If yes, indicate position on floor plan below)</i>		

**PROVIDE A DRAWING OF SALON FLOOR PLAN**

<b>Floor plan MUST show:</b>	
<ul style="list-style-type: none"> <li>Entrances and exits (label main entrance with "M")</li> <li>Reception area</li> <li>Restroom(s)</li> <li>Locations of workstations, suites and chairs</li> </ul>	<ul style="list-style-type: none"> <li>Locations of supply and dispensing areas</li> <li>Location of exhaust fan</li> <li>Location(s) of dryers</li> <li>Location(s) of sinks</li> </ul>
Provide drawing in space below. If more space is needed, attach a separate sheet.	

As the holder of the salon license, you are responsible for the sanitation of the salon premises. If a renter does not have a valid, current Independent Licensee license, that suite or chair falls under the salon license and you would therefore be responsible for the sanitation of that space.

**CERTIFICATION/NOTARY SECTION**

<input type="checkbox"/> I hereby certify under penalty of perjury under the laws of the State of North Dakota that the information stated is true and correct to the best of my knowledge.
<input type="checkbox"/> I hereby certify that if a license to operate a cosmetology establishment is issued to me, said establishment will be conducted to in accordance with chapter 43-11 North Dakota statues and the rules and regulations of the North Dakota State Board of Cosmetology.

Signature of Applicant (Salon Owner) <i>(must sign in front of notary)</i>
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Signed and sworn to before me this	Date	Affix Notary Stamp
Signature of Notary Public or Other Authorized Officer		
Commission Expiration Date		

**Submit complete application and \$80 fee to:**

ND State Board of Cosmetology  
4719 Shelburne St Suite 1  
Bismarck, ND 58503

**Questions:**

Email: [bocinfo@nd.gov](mailto:bocinfo@nd.gov)  
Call: (701) 224-9800  
[www.ndcosmetology.com](http://www.ndcosmetology.com)