



**REQUIREMENTS AND RULES  
OF OPENING A BOOTH SPACE**  
NORTH DAKOTA BOARD OF COSMETOLOGY  
(04-2017)

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

- To apply for a booth license, complete and submit the following Booth License and Endorsement of Independently Operated Applications along with the fee of \$80.00 to the board office at least two weeks prior to your opening date. You must submit the original, notarized applications.
- You must provide proof that you are authorized to do business in the state of North Dakota. Contact the Secretary of State office at (701) 328-4145 to register the trade name of your business.
- Once the application is received, we will notify the inspector to contact you to set up an inspection time. Contact the board office one week prior to opening if you have not already been contacted by the inspector.
- At the time of the inspection, your booth space should be set up and equipped for business.
- You cannot deny our inspectors access to your booth space. N.D.A.C. 32-02-01-15 states that "All salon premises must be open for inspection during normal business hours." In addition, N.D.A.C. 32-03-01-10 states that "Booth rental salons are subject to inspections during the operation whether or not a booth operator is available. The owner of the cosmetology salon shall be responsible for keeping the entire salon open for inspection by the board or board inspectors, and the board shall examine and inspect the entire salon premises regardless of any booth space allotments."
- It is the salon owner's responsibility to keep the entire salon premise open for inspection, including booth spaces, and to have keys to open any locked spaces on the premises for inspection. You cannot deny an inspector access to any such space, including all drawers and spaces that are partitioned.
- After inspection and approval, the board will issue a booth license.
- You may not start doing business until you have received and displayed the license in your booth space. Please allow adequate time for the license to be processed and mailed before accepting clients.
- You must notify the office if you close your booth or move to a new location. Booth licenses are not transferrable to a new location therefore you must apply for a new booth license.
- You must renew your booth license by December 31st of each year along with your master license.
- The N.D. Laws, Rules & Regulations Book is available for a fee of \$15.00.



**BOOTH LICENSE APPLICATION**  
 NORTH DAKOTA BOARD OF COSMETOLOGY  
 SFN 60681 (04-2017)

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

- The original application must be notarized and submitted to the board office **TWO WEEKS** prior to the booth opening date.
- A fee of **\$80.00** must be submitted with this application.

| APPLICATION FOR LICENSE TO OPERATE A COSMETOLOGY ESTABLISHMENT   |  |   |  |
|--|--|---|--|
| Business Name of Booth   |  |   |  |
| Business names must be registered as a trade name with the Secretary of State office. For questions, call 701-328-4145.                      |  |   |  |
| Name of Salon Where Booth is Located   |  |   |  |
| Street Address   | City   | ZIP Code  |  |
| Name of Booth Renter   |  | Master License Number   |  |
| Booth Telephone Number   | Personal Telephone Number                                |   |  |
| Opening Date   |  |   |  |
| Do you currently own a booth?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you closing and moving to a new location?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Visible sign from the street?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Carpet in the work area?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Exhaust fan in working area?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Covered waste containers?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Separate entrance and exit?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | First aid kit?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Adequate work space?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Wet sanitizer?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Toilet facilities are conveniently located and have a sink, liquid soap, and disposable towels or airdryer?                                  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Separate cabinet/storage area for supplies is not accessible to clients or public?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Enclosed cabinet/container for clean cloth and linen items?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Dispensing and supply area is not accessible to the public?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Living/sleeping quarters are separate?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| <input type="checkbox"/> Commercial/Public Building <input type="checkbox"/> Hotel/Apartment Home <input type="checkbox"/> Private Residence |  |   |  |
| Is salon connected with a residence?<br><input type="checkbox"/> No <input type="checkbox"/> Yes, indicate position on floor plan.           |  | Is salon connected with another business?<br><input type="checkbox"/> No <input type="checkbox"/> Yes, indicate position on floor plan. |  |

**DRAW A FLOOR PLAN OF THE SALON IN THE SPACE BELOW**

**FLOOR PLAN MUST SHOW THE FOLLOWING**

- A. Location of booths, sinks, and dryers.
- B. Entrances and exits. Label main entrance with "M"
- C. Toilet facilities
- D. Reception area
- E. Location of equipment
  - Sinks
  - Workstations
  - Dryers
- F. Exhaust fan
- G. Supply and dispensing areas

\*Attach a separate sheet if the space below is too small.

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.

I hereby certify that if a license to operate a cosmetology establishment is issued to me, said establishment will be conducted 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                 | Date               |
| Subscribed and sworn to before me this | Affix Notary Stamp |
| Signature of Notary Public             |                    |
| Commission Expiration Date             |                    |

Questions?

Email: [info@ndcosmetology.com](mailto:info@ndcosmetology.com)

Call: (701) 224-9800

Fax: (701) 222-8756

[www.ndcosmetology.com](http://www.ndcosmetology.com)



**ENDORSEMENT OF INDEPENDENTLY OPERATED**  
**NORTH DAKOTA BOARD OF COSMETOLOGY**  
 SFN 60683 (04-2017)

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**TO BE COMPLETED BY THE BOOTH RENTER**

As a booth renter with the North Dakota State Board of Cosmetology, I understand that a booth license is a license obtained by a manager operator to run a separate business within a licensed salon.

I understand that a booth renter is not an employee of the licensed salon and that I am an independently operated business and am subject to all requirements governed by the North Dakota State Board of Cosmetology.

Signature of Booth Renter

Date

Printed Name

Master License Number

**TO BE COMPLETED BY THE SALON OWNER**

I, as the owner of the salon that this booth is located at, understand that the person renting this booth is an independently operated business.

I do not control the daily operations of the booth, and have a written contract with the individual regarding the rental agreement.

This booth renter is not treated as an employee under the terms of the Internal Revenue Service.

Signature of Salon Owner

Date

Printed Name

Name of Salon

Salon License Number

Questions?

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