



**HOMEBOUND LICENSE APPLICATION**  
**NORTH DAKOTA BOARD OF COSMETOLOGY**  
 SFN 52144 (04-2017)

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

- “Homebound” means any person who is ill or disabled and unable to travel to a licensed salon.
- This application must be notarized and submitted to the address above along with the original license fee of \$55.00.
- Renewal fee is \$30.00 and expires December 31st of each year.

**I HEREBY MAKE APPLICATION FOR A HOMEBOUND LICENSE IN THE STATE OF NORTH DAKOTA**

Name		
Address		
City	State	ZIP Code
Business Telephone Number	Home/Cell Telephone Number	
Starting Date	Master License Number	

**YOUR HOMEBOUND KIT MUST CONSIST OF THE FOLLOWING**

Original Master License (Duplicate licenses may be purchased for \$10.00 per license.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of rules of sanitation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First aid kit complying with rule #32-02-01-07.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Separate closed and labeled containers for soiled and clean supplies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I will comply with all the rules of disinfection for combs, brushes, tools, and other equipment as provided in section 32-02-01-10 of the North Dakota Rules & Regulations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I will provide services to the homebound only.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we provide your information to those looking for homebound services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I will comply with chapter 43-11 North Dakota statues and the rules and regulations of the North Dakota State Board of Cosmetology. I understand that if a Homebound License is issued to me, it cannot be transferred to another party. I understand that the North Dakota State Board of Cosmetology may make an inspection for the Homebound License and any misstatement found in this application will be cause for denial, suspension, or revocation of a license.

Signature of Applicant	Date
Signed 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)