



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

	Yes	No
Original Master License (Duplicate licenses may be purchased for \$10.00 per license.)		
Copy of rules of sanitation.		
First aid kit complying with rule #32-02-01-07.		
Separate closed and labeled containers for soiled and clean supplies.		
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.		
I will provide services to the homebound only.		
May we provide your information to those looking for homebound services?		

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. I further certify that I understand my license and workspace are subject to inspection by the North Dakota Board of Cosmetology pursuant to chapter 43-11 of the North Dakota Century Code and Article 32 of the North Dakota Administrative Code, and consent to the use of video or photography to document compliance.

Signature of Applicant	Date
Signed and sworn to before me this	Affix Notary Stamp
Signature of Notary Public	
Commission Expiration Date	

Questions

Email: bocinfo@nd.gov
 Call: (701) 224-9800
 Fax: (701) 222-8756
www.ndcosmetology.com