



Division of Public Health – Licensure Unit  
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# COSMETOLOGY SALON RENEWAL NOTICE

**TWO-YEAR RENEWAL 09/30/13 to 09/30/15**

**THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE**

**YOUR LICENSE TO OPERATE A COSMETOLOGY SALON EXPIRES 09/30/2013.**

**FEE NOW DUE: \$150.00 (must be received POSTMARKED on or before 9/30/2013)**

License #:	
Salon Name:	
Salon Owner's Name(s):	
Salon Address:	
City/State/Zip:	

**PLEASE RETURN THIS NOTICE WITH YOUR FEE**

**Make fee payable to: "LICENSURE UNIT"**

**EXPIRATION AND ADMINISTRATIVE PENALTY FEE:** If this renewal notice and the renewal fee are not submitted in person or **POSTMARKED** on or before **SEPTEMBER 30, 2013**, YOUR SALON LICENSE **WILL EXPIRE**. If your license **EXPIRES**, you are **NOT** authorized to continue operating your salon.

**ESTABLISHMENT INFORMATION: (All applicants must complete the following information)**

Telephone #:			
Do you currently have minimal property damage, bodily injury, and liability insurance coverage for this salon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, explain:
Did the name of your salon change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, print the new name:

**IF THE OWNER OR THE LOCATION of the salon HAS CHANGED**, you **CANNOT** renew this salon license so **DO NOT** send the renewal fee. A new salon application, initial license fee of \$150, and inspection is required. You must contact this office for a new salon application or you can print the application at:  
<http://dhhs.ne.gov/publichealth/Documents/salonapp.pdf>

Is the owner listed above correct? <b>(NOTE: salons owned by corporations or LLC's show the corporate or LLC name ONLY)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, print the name of the owner:
Is the address listed above correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, print the correct address:

**IMPORTANT:** If an address 'correction' is needed, please state that the change is merely a 'correction' verifying that a change of location has not occurred.

**SALON CLOSED OR CLOSING:**

If you have closed your salon or plan to close your salon in the near future, print the date of closing:	Date:
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**ATTESTATION (All applicants must complete the following information)**

I hereby state that I am the person making application, I am of good character, and the statements on this application are true and complete. I further state:

**If the applicant is a sole proprietorship** for the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, the applicant must attest as follows:

- I am a citizen of the United States.
- I am a qualified alien under the Federal Immigration and Nationality Act.

My immigration and alien number are as follows: \_\_\_\_\_ and I agree to **attach a copy** of my USCIS documentation, which includes one of the following:

- Green Card, otherwise known as an Alien Registration Receipt Card (Form I-551), both front and back of the card;
- Unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
- Form I-94 (Arrival-Departure Record).

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

**The application must be signed by the individual(s) indicated below (place a check mark in the appropriate box) and dated:**

- 1. The owner or owners if the applicant is a sole proprietorship, a partnership, or a limited 1 liability company that has only one member;
- 2. Two of its members if the applicant is a limited liability company that has more than one member;
- 3. Two of its officers if the applicant is a corporation;
- 4. The head of the governmental unit having jurisdiction over the business if the applicant is a governmental unit; or
- 5. If the applicant is not an entity described in 1 through 4 above, the owner or owners or, if there is no owner, the chief executive officer or comparable official.

**HAVE YOU PREVIOUSLY HELD ANOTHER (DIFFERENT) COSMETOLOGY OR NAIL TECHNOLOGY SALON LICENSE IN NEBRASKA? IF YES, IDENTIFY THE NAME AND LOCATION:**

**NAME:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_ (street)  
\_\_\_\_\_ (city)

\_\_\_\_\_  
**Salon Owner Signature**

\_\_\_\_\_  
**Date**

**Social Security Number (SSN):**

If you are the sole owner of the salon, you must list your Social Security Number: \_\_\_\_\_

**More than 1 owner:** If more than 1 person owns the salon, list the name of each person in control of the business:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**\* Fax Number (optional)**

\_\_\_\_\_  
**\* Email Address (optional)**

**\*If you provide us with this information, we may be able to resolve any problem with your renewal more quickly.**