



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Licensure Unit
P.O. Box 94986 - Lincoln, NE 68509
Telephone: (402) 471-4970
DHHS.Licensure2117@nebraska.gov

COSMETOLOGY SALON RENEWAL NOTICE

TWO-YEAR RENEWAL 09/30/2017 to 09/30/2019

THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE

YOU CAN ALSO RENEW ON-LINE AT: <https://nebraska.mylicense.com>

YOUR COSMETOLOGY SALON LICENSE EXPIRES 09/30/2017.

FEE NOW DUE: \$150.00

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

IMPORTANT: If an address "correction" is needed, please state that the change is a "correction" and that a change of location has NOT occurred.

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 or **POSTMARKED** on or before **SEPTEMBER 30, 2017**, your salon license **WILL EXPIRE**. If your license **EXPIRES**, you are **NOT** authorized to continue operating your salon; you must apply for a new salon license and receive the license before operating.

NOTICE: An individual who operates a salon after the expiration of the establishment license is subject to an administrative penalty of \$10 per day up to \$1,000 and such other action (such as probation) as provided in the statutes and regulations.

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:

OWNER OR LOCATION CHANGE: 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 self-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/Licensure/Documents/Salonapp.pdf>

Is the owner listed above correct? (NOTE: salons owned by corporations or LLC's show the corporate or LLC name ONLY)	<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 a "correction" verifying that a change of location has NOT occurred.

SALON CLOSED OR CLOSING:

If your salon has closed or you 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:

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

SOLE OWNER:

If the applicant is a **sole owner/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.

OR

I am a qualified alien under the Federal Immigration and Nationality Act.

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

- Alien Registration Receipt Card (Form I-551, otherwise known as a 'Green 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.

Signature of the owner or owners if the applicant is a sole proprietorship, a partnership, or a limited 1 liability company that has only one member;

Salon Owner Signature

Date

Social Security Number (SSN):

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

* Fax Number (optional)

* E-mail Address (optional)

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

MORE THAN ONE OWNER:

- 1. Two of its members if the applicant is a limited liability company that has more than one member;
- 2. Two of its officers if the applicant is a corporation;
- 3. The head of the governmental unit having jurisdiction over the business if the applicant is a governmental unit; or
- 4. 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.

Signature(s):

Date