

**Mail Renewal To:**

Licensure Unit  
PO Box 94986  
Lincoln, NE 68509-4986

**Contact Info:**

Phone #: 402-471-4970  
Email: DHHS.licensure2117@nebraska.gov

**RENEWAL NOTICE  
COSMETOLOGY OR  
NAIL TECHNOLOGY SALON**

Fee Now Due: **\$150.00**  
LICENSE EXPIRES 9/30/2021

**LICENSE #:** \_\_\_\_\_

<b>Name of Salon:</b>	
<b>Name of Owner:</b>	
<b>Address (street/PO):</b>	
<b>City, State, Zip:</b>	

**Make fee payable to: 'Licensure Unit'**  
**YOU MUST RETURN THIS NOTICE WITH YOUR FEE**

**Online License Renewal:** You may renew your license online at [dhhs.ne.gov/renew](https://dhhs.ne.gov/renew). To register on-line you will need your license number, your facility registration # (contact our office for this number), and a credit or debit card with a MasterCard or Visa logo.

**Fail to Submit Renewal by Expiration Date:** If you fail to submit a completed renewal by the expiration date, your license expires. 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. **If you operate without an active license**, an administrative penalty of \$10 per day up to \$1,000 will be assessed for each day of operation and additional discipline may be taken.

<b>SALON INFORMATION:</b>			
1.	<b>Telephone #:</b>		
2.	<b>Insurance:</b> I currently have minimal property damage, bodily injury, and liability insurance coverage for this salon? (insurance is required to renew)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:
3.	<b>Name of Salon:</b> 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 can print the application at: <https://dhhs.ne.gov/licensure/Documents/Salonapp.pdf>

4.	<b>Owner:</b> Is the owner listed above correct? <b>NOTE:</b> 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:
5	<b>Address:</b> 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: \_\_\_\_\_

**ATTESTATION:**

**SOLE OWNER:** If you are the Sole Owner of the salon, you must complete this section

I attest that I am the person making application, and the statements on this application are true and complete. For the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, **if the owner is a sole owner**, you must attest as follows:

- I am a **citizen** of the United States.
- I am **not** a citizen of the United States. I am a qualified alien under the federal Immigration and Nationality Act, or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
- I am **not** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.

**Social Security Number:** If you are **the sole owner of the salon**, you must list your social security number below.

Social Security Number: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

If the owner is **NOT a US citizen**, the owner must submit a copy of his or her lawful presence document.

**PARTNERSHIP, LIMITED LIABILITY COMPANY, CORPORATION, GOVERNMENTAL UNIT:** If you are NOT a Sole Owner, you must complete this section

I attest that I am the person(s) making this renewal application and the statements on this application are true and complete. Place a check mark in the appropriate box below and the application must be signed and dated:

1. The owners if the applicant is a partnership (all partners must sign) OR the owner if the applicant is a limited 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.
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.

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

We will process your renewal as quickly as possible, but it may take up to a week if no additional documentation is required. You can check your renewal status at: [dhhs.ne.gov/lookup](http://dhhs.ne.gov/lookup). When the expiration date changes, that means your license has been renewed, and you can print your wallet card. We will contact you if additional documentation is needed. We cannot renew your license until we have ALL of the required documentation.

**We no longer print license cards. You can print your wallet card at: [dhhs.ne.gov/lookup](http://dhhs.ne.gov/lookup)**