

**MONTANA BOARD OF BARBERS AND COSMETOLOGISTS**

**P. O. Box 200513**

**301 S PARK, 4<sup>TH</sup> FLOOR (Delivery)**

**Helena, Montana 59620-0513**

**(406) 841-2202 FAX (406) 841-2305**

**E-MAIL: (Application Questions) [UnitB@mt.gov](mailto:UnitB@mt.gov) WEBSITE: [www.cosmetology.mt.gov](http://www.cosmetology.mt.gov)**

**BOOTH RENTER APPLICATION**

**ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.**

Please allow 10 days for processing from the date the Board receives a completed routine application

**BOOTH RENTERS ARE NOT PERMITTED TO PRACTICE BOOTH RENTER SERVICES IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE.**

**ALL SERVICES MUST BE PERFORMED IN A LICENSED BARBERSHOP OR SALON.**

**LICENSE REQUIREMENTS:**

- ◆ Must hold a current Montana Barber, Cosmetologist, Electrologist, Esthetician or Manicurist license that is in good standing.
- ◆ Must abide by the requirements of 39-51-204(1)(e), MCA. <http://leg.mt.gov/bills/mca/39/51/39-51-204.htm>. For questions please contact <http://erd.dli.mt.gov/work-comp-regulations/montana-contractor/independent-contractor>

**FEES:**

- ◆ **\$75.00 Booth Rental License Application Fee**

\*\*Make check or money order payable to the Montana Board of Barbers and Cosmetologists\*\*

**APPLICATION PROCEDURES**

- ◆ When the application file is complete, it will be processed by Board staff for permanent licensure.
- ◆ Keep the Board office informed at all times of any address change, change in license status, complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

**PROCESSING PROCEDURES**

- ◆ Once a complete routine application is received, processing may require up to 10 days to process.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved, a permanent license will be issued.

**For information regarding the processing of this application or other concerns please contact the Board of Barbers and Cosmetologists application staff at (406) 841-2202 or email us at:**

**[UnitB@mt.gov](mailto:UnitB@mt.gov)**

**PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF BOOTH RENTERS ON OUR WEBSITE: [www.cosmetology.mt.gov](http://www.cosmetology.mt.gov) AND CLICK ON THE "REGULATIONS" TAB.**

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**BOOTH RENTER**

**Application for licensure: - \$75.00 license fee  
(All fees are non-refundable and are not pro-rated)**

**Please allow 10 days for processing a completed routine application.**

1. FULL NAME: \_\_\_\_\_  
**Last First Middle**
2. OTHER NAME(S) KNOWN BY: \_\_\_\_\_
3. HOME ADDRESS: \_\_\_\_\_  
**Street or PO Box # City and State Zip**
4. TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_  
**Home Cell E-mail Address**
5. SOCIAL SECURITY NUMBER: \_\_\_\_\_ FOREIGN ID NUMBER: \_\_\_\_\_
6. PROFESSIONAL COSMETOLOGY LICENSE TYPE \_\_\_\_\_
7. PROFESSIONAL COSMETOLOGY LICENSE NUMBER: \_\_\_\_\_
8. LICENSE NAME \_\_\_\_\_  
(State your name as it should appear on the license if granted.)

**AFFIDAVIT**

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Barbers and Cosmetologists

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date