



**ALABAMA BOARD OF COSMETOLOGY**  
**RSA UNION BUILDING**  
 100 North Union St., Suite 320, Montgomery, AL 36130-1750  
 Phone: 334-242-1918; Toll Free: 1-800-815-7453; Fax: 334-242-1926  
 www.aboc.state.al.us

**APPLICATION FOR BOOTH RENEWAL 2009 - 2011**

- **Renewal Fee: \$80**
- **A Late Charge of \$50 Will be Assessed if Renewal is Received in Office After October 31st**

Fee Enclosed: \_\_\_\_\_ Late Charge \_\_\_\_\_ Total \_\_\_\_\_  
Money Order, Cashier's Check or Business Check Only. No Personal Checks

(Please Print)

Booth Renter Name \_\_\_\_\_ License # \_\_\_\_\_

If mailing address is different from location

Social Security # \_\_\_\_\_ License Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Salon Name \_\_\_\_\_ Record ID# \_\_\_\_\_ Salon Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Salon Address: Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Salon Owner \_\_\_\_\_ Date \_\_\_\_\_

Circle Regular Days Off: M T W T F S S

Signature of Applicant (Booth Renter) \_\_\_\_\_ Date \_\_\_\_\_

- **No License is Valid for a Period of More Than 2 Years**
- **Changes in Name or Address Must be Immediately Reported to the Board**

ABOC USE ONLY	
Pymt #	_____
Type	_____ Fee _____ Late Chg _____
Tot Fee	_____ Date _____
Proc by	_____ Date Ret _____
Notes	_____
	_____
	_____