



# ALABAMA BOARD OF COSMETOLOGY AND BARBERING

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www.aboc.alabama.gov

## NEW SHOP APPLICATION

### REQUIREMENTS

1. **This Application Must be in the Office Thirty (30) Days Before Salon Opening**
2. **Salon Must be Inspected Before Opening for Business**
3. **FEE: \$150.00 • Money Order/Cashier's/Salon Check Only. No Personal or Out-of-State Checks**
4. **Copy of owner's Social Security card and current driver's license**
5. **Payment Will Not Be Refunded After Processing**
6. **Copy of Business License from City or County. If Not Zoned, a Statement by Authority – Page 2**

(Please Print) Name of Salon

Physical Address

City

County

Zip

(area code)

Shop Phone

( )

Mailing address if different from above

E-mail Address

Services Offered: \_\_\_\_\_

*I (We) agree to abide by all rules and laws of the Alabama Board of Cosmetology.*

**BY MY (OUR) SIGNATURE(S) I (WE) CERTIFY TO BE A EITHER A CITIZEN(S) OF THE UNITED STATES OR LEGALLY PRESENT IN THE UNITED STATES AND AUTHORIZED TO WORK.**

Signature(s) of owner(s)

First Owner's Last Name

First Name

Initial

Social Security #

Signature

First Owner's home address: Street

City

Phone

Second Owner's Last Name

First Name

Initial

Social Security #

Signature

Second Owner's home address: Street

City

Phone

Please list additional owner(s) and information on the back of this page.

CONTINUED ON SECOND PAGE

#### ABOC USE ONLY

Ck# \_\_\_\_\_ Type \_\_\_\_\_

Fee \_\_\_\_\_ LtChg \_\_\_\_\_ Total \_\_\_\_\_

Act Date: \_\_\_\_\_ By \_\_\_\_\_

Notes: \_\_\_\_\_

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

**STATEMENT TO BE COMPLETED BY ZONING OFFICIAL**

**No Zoning Ordinance Applies for this location:**

\_\_\_\_\_  
Signature of Official                      Title                      Date

**This location is zoned for business:**

\_\_\_\_\_  
Signature of Official                      Title                      Date

***Furnish Appropriate Answer Below***

1. Salon Opening Date: \_\_\_\_\_

Number of Days Open per Week \_\_\_\_\_ Circle Days Open: S M T W T F S

2. Salon is located in (circle one):    Business District                      Residential District

3. Yes \_\_\_\_ No \_\_\_\_ Proper Outside Sign Displaying Name of Salon

4. Names and Locations of Other Salons Owned \_\_\_\_\_

**Directions from the nearest street or highway listed on a map:** \_\_\_\_\_

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