



ALABAMA BOARD OF COSMETOLOGY AND BARBERING

RSA Union Building, 100 North Union St., Suite 324

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www.aboc.alabama.gov

NEW SHOP APPLICATION

REQUIREMENTS

1. **This Application Must be in the Office Thirty (30) Days Before Shop Opening**
2. **FEE: \$150.00 • Money Order/Cashier's Check/Shop Check Only. No Personal or Out-of-State Checks**
3. **Shop Must be Inspected Before Opening for Business**
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**
7. **Relocation to a new address requires a new license and zoning statement**
8. **Ownership Change requires a new license**

(Please Print) Name of Shop _____

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 and Barbering.

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. Shop Opening Date: _____

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

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

3. Yes ____ No ____ Proper Outside Sign Displaying Name of Shop

4. Names and Locations of Other Shops Owned _____

Directions from the nearest street or highway listed on a map: _____

