



ALABAMA BOARD OF COSMETOLOGY AND BARBERING
 RSA UNION BUILDING, 100 North Union St., Montgomery, AL 36104
 P. O. Box 301750, Montgomery, AL 36130-1750
 Phone: 334-242-1918; Toll Free: 1-800-815-7453; Fax: 334-242-1926
 www.aboc.alabama.gov

APPLICATION FOR ESTABLISHMENT RENEWAL 2011-2015

Renewal Fees: Shop --\$250 School --\$350
 *** This amount includes the Late fee of \$50 ***
 MONEY ORDER, CASHIER'S CHECK or IN-STATE SHOP CHECK ONLY. **NO PERSONAL CHECKS**

Shop or School Name _____ Phone# _____ Record ID # _____

Location _____
 Street _____ City _____ County _____ Zip _____

Mailing Address _____
 Street _____ City _____ State _____ Zip _____

Owner _____
 Name _____ SS# _____ Home Phone # _____

Owner's Mailing Address _____
 Street _____ City _____ State _____ Zip _____

2nd Owner (if applicable) _____
 Name _____ SS# _____ Home Phone # _____

2nd Owner's Home Mailing Address _____
 Street _____ City _____ state _____ Zip _____

BY MY SIGNATURE I CERTIFY UNDER PENALTY OF PROSECUTION THAT I AM EITHER A CITIZEN OF THE UNITED STATES OR LEGALLY PRESENT IN THE UNITED STATES AND AUTHORIZED TO WORK.

Signature of Owner _____ Date _____

Signature of 2nd Owner _____ Date _____
 (if applicable)

*****If More Than Two(2) Owners: Please put Information on Back of this Form Include Name, Social Security Number and Signature.*****

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

Revised 9/13. Replaces all previous forms

OFFICE USE ONLY	
Ck# _____	Py Type _____
Fee _____	Lt Chg _____ Total _____
ACT DATE _____	By _____
Note: _____	