



ALABAMA BOARD OF COSMETOLOGY
 RSA UNION BUILDING
 100 North Union St., Suite 324, 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 SHOP OR SCHOOL RENEWAL 2013-2015

Renewal Fees: Shop --\$100 School --\$150
 _A Late fee of **\$50** will be assessed if Renewal is Received in Office After **October 31st**
 MONEY ORDER, CASHIER'S CHECK or SALON CHECK ONLY. **NO PERSONAL CHECKS**
Online Renewal available at www.aboc.alabama.gov

Renewal Fee _____ Late Charge _____ Total Enclosed _____

PLEASE PRINT

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

Shop or School Location _____
Street City County Zip

Shop or School Mailing Address _____
Street or P.O. Box City state Zip

Owner _____
Name Home phone # E-mail Address

Owner's Home 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 (if applicable) _____ Date _____

*****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 7/13. Replaces all previous forms

ABOC USE ONLY	
Ck # _____	Type _____
Fee _____	Lt Chg _____ Total _____
Date _____	By _____
Notes: _____	