



ALABAMA BOARD OF COSMETOLOGY

RSA Union Building, 100 North Union St., Suite 320

P.O. Box 301750, Montgomery, AL, 36130-1750

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www.aboc.state.al.us

NEW SALON APPLICATION

REQUIREMENTS

1. This Application Must be in the Office Sixty (60) Days Before Salon Opening
2. Salon Must be Inspected Before Opening for Business
3. a. FEE: \$150.00 • Money Order/Cashier's/Salon Check Only. No Personal Checks
 b. FEE: \$100.00 between January 1st and September 1st of Renewal Year (odd-numbered year)
4. Payment Will Not Be Refunded After Processing
5. Copy of Social Security Card of Owner(s)
6. Copy of Business License from City or County. If Not Zoned, a Statement by Authority – Page 2
7. Relocation to a Different County Requires a New License
8. No Salon License is Valid for a Period of More than Two (2) Years
9. License Must Be Renewed by October 31ST in Odd- Numbered Years to Avoid a \$25 Late Charge
10. Salon in Residence Must Have Restroom as Part of Salon
11. Properly Licensed Manager Must be on Duty When Salon is Open

PLEASE PRINT

TYPE OF SALON: (Circle One) COSMETOLOGY NAIL ESTHETICS

Services provided: _____

Name of Salon Street

City County Zip Phone with Area Code

I agree to abide by all Laws and Rules of the Board of Cosmetology.

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 _____
Date Ret _____	By _____
Date Proc _____	By _____
Note: _____	

MANAGER'S AGREEMENT

Last Name First Name Initial Social Security# Date of Birth

Street City County Zip Phone

- Attach a copy of your current license
- Date to Begin Work in This Salon _____
- I Will be on Duty ____ Days a Week.
- My Regular Day(s) off will be: (Please Circle) **S M T W T F S**
- If My Position/Employment with This is Salon Is Terminated I Will Notify the Board in Writing within 10 days.

Signature of Manager Record ID# Date

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

- Salon Opening Date: _____
Number of Days Open per Week _____ Circle Days Open: S M T W T F S
- Salon is located in (circle one): Business District Residential District
- Yes ____ No ____ Proper Outside Sign Displaying Name of Salon
- Yes ____ No ____ Salon Located in Same Room as Another Business.
Type of Business: _____
- Yes ____ No ____ Salon Attached to or Located in Residence
- Names and Locations of Other Salons Owned _____

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

