



ALABAMA BOARD OF COSMETOLOGY & BARBERING
RSA Union Building | 100 N. Union Street | Suite 324 | Montgomery, Alabama 36104
PO Box 301750 | Montgomery, Alabama 36130-1750
Phone | 334 242 1918 Toll Free | 1 800 815 7453

APPLICATION FOR SCHOOL LICENSE

NON-REFUNDABLE FEE \$300

APPLICATION CHECKLIST:

- A signed, completed Application for School License with a check or money order payable to ABOCB for the non-refundable application fee of \$300.00.**
- Current valid government issued photographic identification (ID) from all owners.** Acceptable forms of photographic identification are: Driver's License, State ID Card, Passport, or Military ID card. All government issued photo IDs must be in your current name. Expired documents will not be accepted.
- Proof of U.S. citizenship, permanent resident alien, or legal presence in the United States from all owners.** Acceptable forms of documentation are:
 1. Social Security Card; or
 2. Permanent Resident Card; commonly known as a "green card"; or
 3. Work Visa issued by the United States.
- If the applicant is a corporation, limited liability company (LLC), or a partnership, include a copy of your Employer Identification Number (EIN) certificate from the Internal Revenue Service (IRS).**
- A copy of the City or County Business License, or statement by the proper zoning authority that the school will be located in an area approved for the operation of a school.**
- A personal financial statement.** Unaudited financial statements are acceptable if prepared by a Certified Public Accountant or an accountant who uses generally accepted accounting principles. Such personal finances will be kept confidential.
- Surety bond in the amount of \$50,000 listing the State of Alabama as the obligee underwritten by a company authorized to do business in the Alabama** (for the protection of potential students in the event of closure). Bond must be maintained for the duration of the operation of the school.
- Liability insurance coverage for a minimum of \$500,000.** Insurance must be maintained for the duration of the operation of school.
- Copy of standard contract for students.**
- Copy of financial forms relating to tuition, grants, and scholarships.**
- Professional blue prints or descriptive floor plan showing a minimum of 1,200 square feet floor space available for instruction, location of rest rooms for male and female students, location of classroom(s), shampoo area, dispensary, entrances, exits, and identification and location of all equipment to be used in each room.**
- An inventory of equipment to be used by the school.**
- List of names, addresses, and ABOCB license numbers of instructors to be hired.** A minimum of one licensed instructor and one licensed on-call instructor is required for the first twenty students enrolled and one additional instructor for each additional 20 students enrolled and in attendance.
- Affidavits from prospective students stating their intent to enroll when the school opens.**

All schools must be inspected by an authorized representative of the Board and approved by the Board before receiving a license.



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This application must be submitted 90 days prior to expected opening date.

Incomplete applications cannot be processed. Please review your application before submitting to ensure all information is accurate and all documentation is complete. Applications are void after one year if not complete and applicant must reapply.

SCHOOL INFORMATION

Name of School:	FEIN (if applicable):		
Contact Person:	Phone Number:	Email Address:	
Mailing Address - Street or PO Box:	City:	County:	Zip:
Physical Address (if different from above) - Street:	City:	County:	Zip:
School Phone Number:	Email Address:	Website:	

Curriculum:

<input type="checkbox"/> Barber	<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Esthetics	<input type="checkbox"/> Manicure	<input type="checkbox"/> Natural Hair Stylist	<input type="checkbox"/> Waxing
Projected Opening Date:	School Hours:	Check All Days Open:			
<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat					

CERTIFICATION

I agree to abide by the rules and laws of the Alabama Board of Cosmetology and Barbering. 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. I understand that providing false information on this application may result in revocation of the license and imposition of administrative penalties.

OWNER

Owner (Printed):	Owner's Social Security No.:	Owner's Signature:	
LAST NAME	FIRST NAME / MIDDLE NAME		
Owner's Mailing Address - Street or PO Box:	City:	State:	Zip:
Owner's Phone Number:	Owner's Email Address:		

ADDITIONAL OWNER(S)

Owner (Printed):	Owner's Social Security No.:	Owner's Signature:	
LAST NAME	FIRST NAME / MIDDLE NAME		
Owner's Mailing Address - Street or PO Box:	City:	State:	Zip:
Owner's Phone Number:	Owner's Email Address:		

Please use next page if more than two owners.

FOR ABOCB USE ONLY:

ACCT DATE:	FEE:	
CHECK #:		
PMT TYPE:	TOTAL:	
NOTES:	BY:	

APPLICATION FOR SCHOOL LICENSE

Use additional sheets if necessary

ADDITIONAL OWNER(S)

Owner (Printed): Owner's Social Security No.: Owner's Signature:

LAST NAME FIRST NAME / MIDDLE NAME

Owner's Mailing Address - Street or PO Box: City: State: Zip:

Owner's Phone Number: Owner's Email Address:

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