



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 NEW SHOP

NON-REFUNDABLE FEE \$200

- This application must be in the office **before** the shop opens.
- Include a business check, cashier's check, or money order (no personal checks) in the amount of \$200.
- Include a copy of each owner's social security card and current driver's license (front and back).
- Include a copy of the current business license from city or county.

SHOP INFORMATION

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

| | | | | | |
|--------------------------|-------------------|----------------------|------------------------------|-------|--------|
| Services Offered: | | | | | |
| Hair | Nails | Skincare | Waxing | All | Other: |
| Shop Opening Date: | Shop Hours: | Check All Days Open: | | | |
| | | Sun | <input type="checkbox"/> Mon | Tues | Wed |
| | | | | Thurs | Fri |
| | | | | | Sat |
| Shop Located In: | Business District | | Residential District | | |

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 (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: | | | | |

| | | | | | |
|---|------------------------------|--------------------|------|--|--|
| 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 additional pages if more than two owners.

| | |
|----------------------------|--------|
| FOR ABOCB USE ONLY: | |
| ACCT DATE: | FEE: |
| CHECK #: | |
| PMT TYPE: | TOTAL: |
| NOTES: | BY: |