



**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 ESTABLISHMENT RENEWAL - 2023-2025**

**SHOP OR SCHOOL RENEWAL REQUIREMENTS**

1. Enclose a business check, money order, or cashier's check payable to ABOCB in the amount of \$150.00 (for Shops) or \$200.00 (for Schools). Personal checks and Cash are not accepted.
2. A Late Fee of \$54.00 will be assessed if the Renewal Form is postmarked after **OCTOBER 31, 2023**.

**SHOP OR SCHOOL INFORMATION**

Shop or School Name:	Phone Number:	License Number:	
Shop or School Physical Address - Street:	City:	County:	Zip:
Shop or School Mailing Address - Street:	City:	County:	Zip:

**OWNER INFORMATION**

Owner #1 Name:	SSN:	Home Phone:	Email Address:
Owner #1 Home Address - Street:	City:	State:	Zip:
Owner #2 Name (if applicable):	SSN:	Home Phone:	Email Address:
Owner #2 Home Address - Street:	City:	State:	Zip:

**OWNER/MANAGER AFFIDAVIT**

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 license revocation and imposition of administrative penalties.

Signature of 1st Owner: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature of 2nd Owner (if applicable): \_\_\_\_\_ DATE: \_\_\_\_\_

**IF MORE THAN TWO(2) OWNERS: PLEASE INCLUDE ADDITIONAL OWNER INFORMATION ON THE BACK OF THIS FORM. INCLUDE NAME, SSN AND SIGNATURE.**

\*No license is valid for a period of more than two years.

\*Changes in Address and Ownership must be reported immediately to the Board.

**ABOCB OFFICE USE ONLY**

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