



ALABAMA BOARD OF COSMETOLOGY & BARBERING
RSA Union Building | 100 N. Union Street | Suite 324 | Montgomery, Alabama 36104

PO Box 301750 | Montgomery, Alabama 36130-1750

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APPLICATION FOR ESTABLISHMENT RENEWAL

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** of the renewal year.

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:	

REVISED 7/2025