



ALABAMA BOARD OF COSMETOLOGY AND BARBERING  
 RSA UNION BUILDING, 100 North Union St., Suite 324, Montgomery, AL 36104  
 P. O. Box 301750, Montgomery, AL 36130-1750  
 Phone: 334-242-1918; Toll Free: 1-800-815-7453; Fax: 334-242-1926  
 www.aboc.alabama.gov

ONLINE RENEWAL IS  
 NOT AVAILABLE FOR  
 THIS APPLICATION

**APPLICATION FOR ESTABLISHMENT RENEWAL 2013-2017**

Total Renewal Fees: Shop --\$250 (\$100 for 2013-15 and \$100 for 2015-17 plus \$50 late fee)  
 School --\$350 (\$150 for 2013-15 and \$150 for 2015-17 plus \$50 late fee)

MONEY ORDER, CASHIER'S CHECK or IN-STATE SHOP CHECK ONLY. **NO PERSONAL CHECKS**

Shop or School Name \_\_\_\_\_ Phone# \_\_\_\_\_ Record ID # \_\_\_\_\_

Shop or School Location \_\_\_\_\_  
 Street City County Zip

Shop or School Mailing Address \_\_\_\_\_  
 Street City State Zip

Owner \_\_\_\_\_  
 Name SS# Home Phone # E-mail Address

Owner's Home Address \_\_\_\_\_  
 Street City State Zip

2<sup>nd</sup> Owner \_\_\_\_\_  
 (if applicable) Name SS# Home Phone # E-mail Address

2<sup>nd</sup> Owner's Home Mailing Address \_\_\_\_\_  
 Street City State Zip

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.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of 2<sup>nd</sup> Owner \_\_\_\_\_ Date \_\_\_\_\_  
 (if applicable)

**\*\*\*If More Than Two(2) Owners: Please put Information on Back of this Form Include Name, Social Security Number and Signature.\*\*\***

- No License is Valid for a Period of More Than 2 Years
- Changes in Address and Ownership Must be Reported Immediately to the Board

OFFICE USE ONLY

Ck# \_\_\_\_\_ Py Type \_\_\_\_\_

Fee \_\_\_\_\_ Lt Chg \_\_\_\_\_ Total \_\_\_\_\_

ACT DATE \_\_\_\_\_ By \_\_\_\_\_

Note: \_\_\_\_\_