



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

APPLICATION FOR ESTABLISHMENT RENEWAL 2009-2013

Renewal Fees: **Salon --\$250** (\$100 for 2009-11 plus \$100 for 2011-13 plus \$50 late fee)
School --\$350 (\$150 for 2009-11 plus \$150 for 2011-13 plus \$50 late fee)
Cosmetic Studio-- \$250 (\$100 for 2009-11 plus \$100 for 2011-13 plus \$50 late fee)

MONEY ORDER, CASHIER'S CHECK or SALON CHECK ONLY. **NO PERSONAL CHECKS**

Type of License (Circle One) **Cosmetology Salon** Esthetic Salon Manicure Salon School Studio

Salon Name _____ Salon Phone# _____ Record ID # _____

Salon Location _____
Street City County Zip

Salon Mailing Address _____
Street City state Zip

Salon Owner _____
Name SS# Home Phone #

Salon Owner's Mailing Address _____
Street City State Zip

2nd Owner (if applicable) _____
Name SS# Home Phone #

2nd Owner's Home Mailing Address _____
Street City state Zip

Signature of Salon Owner _____ Date _____

Signature of 2nd Owner (if applicable) _____ Date _____

*****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

<u>ABOC USE ONLY</u>	
Pymt # _____	
Type _____ Fee _____ Lt Chg _____	
Tot Fee _____ Date _____	
Proc By _____ Date Ret _____	
Notes _____	