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 2011-2013

Renewal Fees: Salon --$100 School --$150 Cosmetic Studio-- $100

*** A Late fee of **$50** will be assessed if Renewal is Received in Office After **October 31st** ***

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

Renewal Fee_____ Late Charge_____ Total Enclosed_____

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**

ABOC USE ONLY
Pymt # _____
Type _____ Fee_____ Lt Chg_____
Tot Fee _____ Date _____
Proc By _____ Date Ret _____
Notes_____

Revised 7/11. Replaces all previous forms