



ALABAMA BOARD OF COSMETOLOGY AND BARBERING  
 RSA UNION BUILDING  
 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

**APPLICATION FOR ESTABLISHMENT RENEWAL 2017-2021**

Renewal Fees: Shop --\$354 (\$150 for 2017-19 & \$150 for 2019-21 plus late fee of \$54)  
 School --\$454 (\$200 for 2017-19 & \$200 for 2019-21 plus late fee of \$54)

\*\*\*\_A Late fee of **\$54** will be assessed if Renewal is postmarked after **October 31<sup>st</sup>** \*\*\*  
 MONEY ORDER, CASHIER'S CHECK or IN-STATE SHOP CHECK ONLY. **NO PERSONAL CHECKS**

Renewal Fee \_\_\_\_\_ Late Charge \_\_\_\_\_ Total Enclosed \_\_\_\_\_

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: _____	