



**KANSAS BOARD OF COSMETOLOGY**  
 714 SW Jackson, Suite 100 • Topeka, KS 66603  
 Telephone: (785) 296-3155 • Fax: (785) 296-3002  
 E-mail: [Kboc@ks.gov](mailto:Kboc@ks.gov) • Website: [www.kansas.gov/kboc](http://www.kansas.gov/kboc)

Visit our website @ [www.kansas.gov/kboc](http://www.kansas.gov/kboc) to view our newsletter!! You can also access forms and applications, view Kansas statutes and regulations, review our FAQs, and more!

School Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City St Zip: \_\_\_\_\_

License Number: \_\_\_\_\_  
 License Type:  
 Cosmetology School:   
 Nail Technology School:   
 Esthetics School:

On **June 30, 2015**, the above listed school license will expire. To renew the license forward this completed renewal application to the Kansas Board of Cosmetology by email, fax, or mail using the information listed above.

The Board is unable to accept incomplete applications. Failure to answer the felony question, and sign the attestation is an incomplete application. This will require the form to be returned for your completion. Thereafter should you return the form with a postmark after June 30, 2015, your license will be in expired status and may be subject to disciplinary action by the Board.

**FEE**

Is your school currently certified by the Board of Regents? Yes  No  (a \$75 renewal fee is required if No)

No license fee shall be charge to a school under Board of Regents? KSA 65-1903 (F)

**FELONY CONVICTION**

Has the owner (s) been convicted of a felony? Yes  No  Date of Conviction (s) \_\_\_\_\_

If this is the first time you have notified the Board of this conviction (s), attach a certified copy of all court documents outlining charges, convictions, sentencing, and discharge. Go to the KBOC website, complete and attach the Felony Conviction Form and the Felony Monitoring Form (where applicable). Pursuant to KSA 65-1908, you must demonstrate that you have been sufficiently rehabilitated to warrant the public trust. Failure to notify the Board of any additional or subsequent felony conviction (s) may result in disciplinary action.

**ATTESTATION**

**By signing this form, I certify that I am the owner OR authorized agent of the owner of this school, which is located at the address listed above, and request renewal of this school license and declare under penalty or perjury under the laws of the State of Kansas that the information provided above is true and correct.**  
**License Number:**

Date: \_\_\_\_\_ Owner's printed name: \_\_\_\_\_ Co-Owner's printed name: \_\_\_\_\_  
 Owner's signature: \_\_\_\_\_ Co-Owner's signature: \_\_\_\_\_

You must notify the Board within 30 days of your renewal submission if you have not received your license. Failure to do so could result in a \$25 duplicate license fee.