



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 • Website: www.kansas.gov/kboc

APPLICATION FOR DUPLICATE FACILITY LICENSE

Complete this application online, print, and mail to the Kansas Board of Cosmetology at the address listed above.

Facility Information	
Facility name: _____	(Facility Name)
Address: _____ (_____) _____	(Street) (City/State) (Zip) (Phone Number)
Facility license number: _____	Expires: _____ "Go ckr"aaaaaaaaaaaaaaaaaaaaaaaaaaaa
Being duly sworn and deposed, I state the facility license has been (check appropriate one):	
<input type="checkbox"/> Destroyed	<input type="checkbox"/> Name Change
<input type="checkbox"/> Lost	
<input type="checkbox"/> Stolen - if stolen please attach a copy of the police report.	
<input type="checkbox"/> Never received	

Fee Payment \$25	
Credit Card Payment \$25 1). Go to the Board website: www.kansas.gov/kboc 2). Select Payment Portal from the Top Menu Bar 3). Transaction Item = Duplicate License Fee 4). Record your Order ID # from your emailed receipt below Order ID # _____	Check or Money Order Payment \$25 1). Complete this form 2). Make Check or Money Order Payable to the Kansas Board of Cosmetology 3). Mail form and payment to the Board office at the address provided above.

Attestation —At this point print this completed application	
Once the form is signed, forward the completed application to the Kansas Board of Cosmetology address listed above.	
I declare under penalty of perjury under the laws of the State of Kansas that the information provided is true and correct.	
Applicant's Signature: _____	Date: _____
type or Sign	

(This portion for office use only) Approval Date: _____ Authorization: _____
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