

## **Kansas Board of Cosmetology**

714 SW Jackson Suite 100 Topeka, KS 66603 Telephone: (785) 296-3155 Fax: (785) 296-3002 Email: Kboc@ks.gov Website: www.kansas.gov/kboc

## Cosmetology, Esthetics, Nail Technology, and Electrology Establishment Renewal Form

FACILITY NAME:	LICENSE NUMBER:		
ADDRESS:	*LICENSE EXPIRE	*LICENSE EXPIRES:	
	LICENSE TYPE:	COSMETOLOGY ESTHETICS NAIL TECHNOLOGY ELECTROLOGY	
*Licenses will not be renewed sooner than six (6) weeks in advance. Renewals s license will be returned to the licensee a You must notify the Board office if you have not received your license with so may result in a \$25 duplicate license fee. For owner name changes, p	and will not be retained by in 90 days of the date of	the Board office. your renewal or application submission. Failure to do	
NON-REFUNDABLE FEES Failure to submit a renewal application and	fee prior to 60 days past	the expiration date requires the establishment to close.	
<ul> <li>\$ 50 fee for renewal licensure application submitted on-line or with a p</li> <li>\$30 fee for delinquency licensure application submitted on-line or with</li> </ul>	oostmark prior to or on t	the expiration date of license.	
FEE PAYMENT — FEES ARE NON-REFUNDABLE			
Credit Card Payment \$50/\$80 (See Above)*  1). Go to the Board website: www.kansas.gov/kboc 2). Select Payment Portal from the Top Menu Bar 3). Transaction Item = Facility Renewal Fee 4). Record your Order ID # from your emailed receipt below Order ID #	Complete this for 2). Make Check or Cosmetology	Order Payment \$50/\$80 (See Above)  orm  Money Order Payable to the Kansas Board of  ayment to the Board office at the address provided	
FELONY CONVICTION			
Have you been convicted of a felony since your last renewal? Ye If yes, you must provide your case number(s):  If this is the first time you have notified the Board of this conviction found on our website on the Forms and Applications page. Pursuant result in disciplinary action.	, you must submit for		
ATTESTATION			
By signing this form, I certify that I am the owner or authorized representative renewal of my facility license.	of this establishment, v	hich is located at the address listed above, and request	
Owner's signature(Type or Sign):	Date:	_	
Co-Owner's signature(Type or Sign):	Date:	_	
E-mail address:	Phone Numb	er:	

The Board is unable to accept incomplete applications. Failure to sign the attestation and/or submit the appropriate fee is an incomplete application. If a check or credit card payment is insufficient or denied, it will be considered an incomplete application. Either situation requires the renewal application be returned for your completion. Thereafter should you return the form with a postmark after your expiration date, a \$30 delinquent renewal fee is required.