



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

TATTOO – BODY PIERCING – COSMETIC TATTOO
ANNUAL ESTABLISHMENT RENEWAL

FACILITY NAME: _____ **LICENSE EXPIRATION DATE:** _____

FACILITY ADDRESS: _____ **LICENSE NUMBER:** _____

_____ **LICENSE TYPE:** _____ **TATTOO**

OWNER NAME: _____ **_____ BODY PIERCING**

OWNER EMAIL _____ **_____ COSMETIC TATTOO**

OWNER PHONE _____

Licenses will not be renewed sooner than six (6) weeks in advance. To renew your license, complete and return this application with the \$50 renewal fee (per license). Return to the board office **BEFORE THE EXPIRATION DATE** on your license. Renewals submitted no more than 60 days after the expiration date will require an additional \$30 delinquent fee (\$80 total). Establishments expired more than 60 days must make application for a new facility license. **You must notify the Board office if you have not received your license within 90 days of the date of your renewal or application submission. Failure to do so may result in a \$25 duplicate license fee.** Only check, money order or credit card payment made payable to the Kansas Board of Cosmetology will be accepted. For owner name changes, please use form [#1 Change of Name/Address](#) available on the Board's website.

<p>Credit Card Payment \$50 (\$80 if late) *</p> <ol style="list-style-type: none"> Go to the Board website: www.kansas.gov/kboc Select Payment Portal from the Top Menu Bar Transaction Item = Facility Renewal Fee Record your Order ID # from your emailed receipt here _____ 	<p><u>Check or Money Order Payment \$50 (\$80 if late)</u></p> <ol style="list-style-type: none"> Complete this form Make Check or Money Order Payable to the Kansas Board of Cosmetology Mail form and payment to the Board office at the address provided above.
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Failure to answer the below felony question and sign the attestation will require the form be returned to you for completion.

Have you been convicted of a felony since your last renewal? Yes ___ No ___ If yes, you must provide your case numbers(s) _____

If this is the first time you have notified the Board of this conviction, you must submit form #77 Felony Reporting Packet, which can be found on our website on the Forms and Applications page. Pursuant to K.S.A. 65-1947, failure to disclose all felony conviction(s) may result in disciplinary action.

I declare under penalty of perjury under the laws of the State of Kansas that the information provided above is true and correct.

Date _____ Signature of Applicant: _____
 (Type or Sign)

Establishments:

Each practitioner shall clean all non-electrical instruments prior to sterilization. All cleaned instruments shall be placed in sterile bags with color strip indicators and the instruments shall be sterilized in an approved FDA sterilizer.

A spore test must be performed every three months for tattoo, body piercing, and cosmetic tattoo facilities to assure that all microorganisms have been destroyed and proper sterilization has been achieved. The results of these tests must be available at the facility at all times for inspection by the board compliance officers. Please be informed should your facility fail to maintain quarterly spore test results nor have them available at the above named facility for review at each inspection, the Board has determined that disciplinary action may be taken against your facility. This disciplinary action may include a \$500 monetary fine for each violation.

Owners of an establishment moving to a new location shall meet the same requirements as for a new establishment. Submit an application and a fee for the new establishment at least three weeks prior to the move to the new location.

Each establishment shall inform the board office, within five business days and in writing, of permanent closure of an establishment.

K.A.R. 69-15-10: The practitioner shall post in public view in the lobby or waiting area of the place of business the current practitioner and facility license and a copy of the latest inspection certificate.

K.A.R. 69-15-11: Each establishment shall be subject to inspection by the board or its designee, in order to investigate a specific complaint filed with the board, or to investigate any suspected violation of infection control regulations or other violations of the act.

We encourage all owners or managers to contact our office to verify the licensure of a prospective employee. Routinely review the posted licenses of those individuals working within your facility to assure that their license has not expired nor is it nearing its expiration date.

The Kansas Board of Cosmetology welcomes your phone calls and inquiries. Please do not hesitate to contact our office.