



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 EXPIRES: _____

LICENSE TYPE: COSMETOLOGY _____
ESTHETICS _____
NAIL TECHNOLOGY _____
ELECTROLOGY _____

*Licenses will not be renewed sooner than six (6) weeks in advance. Renewals submitted to the Board office sooner than six weeks prior to the expiration date of the license will be returned to the licensee and will not be retained by the Board office.
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. For owner name changes, please use form [#1 Change of Name/Address](#) available on the Board's website.

NON-REFUNDABLE FEES Failure to submit a renewal application and fee prior to 60 days past the expiration date requires the establishment to close.

The above listed establishment license will soon expire. To renew your license, complete this form and return it to the Board office.

\$50 fee for renewal licensure application submitted on-line or with a postmark prior to or on the expiration date of license.

\$30 fee for delinquency licensure application submitted on-line or with a postmark within 60 days after 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 # _____

Check or Money Order Payment \$50/\$80 (See Above)

- 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.

FELONY CONVICTION

Have you been convicted of a felony since your last renewal? Yes ___ No ___

If yes, you must provide your case number(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. 65-1908, failure to disclose all felony conviction(s) may result in disciplinary action.

ADULT CARE HOME

Yes

[I agree and understand that an adult care home as defined in K.S.A. 39-923, and amendments thereto, or long-term care unit of medical care facility as defined in K.S.A. 65-425, and amendments thereto, are exempt from the Kansas State Board of Cosmetology's rules and regulations and are NOT required to be licensed through the Kansas State Board of Cosmetology.]

[I agree and understand that pursuant to K.S.A. 65-1904a(c), that the Kansas State Board of Cosmetology has authority to inspect all licensed salons and clinics, and that licensure will subject the above-named establishment to the rules and regulations of the Board, including inspections and violations.]

[I agree and understand that the Kansas State Board of Cosmetology may request verification that the above-named establishment is located within an adult care home as defined in K.S.A. 39-923, and amendments thereto, or long-term care unit of medical care facility as defined in K.S.A. 65-425.]

No

[I agree and understand that by answering "NO" to this question, pursuant to K.S.A. 65-1904a(c), that, pending approval of this application, the above-named establishment will be a licensed establishment subject to the rules and regulations of the Board.]

ATTESTATION

By signing this form, I certify that I am the owner or authorized representative of this establishment, which is located at the address listed above, and request renewal of my facility license.

Renewal of my facility license.

Owner's signature(Type or Sign): _____

Date: _____

Co-Owner's signature(Type or Sign): _____

Date: _____

E-mail address: _____ Phone Number: _____

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.