



Kansas Board of Cosmetology
714 SW Jackson Suite 100 Topeka, KS 66603
Telephone: (785) 296-3155 Fax: (785) 296-3002
Email: Kbc@ks.gov Website: www.kansas.gov/kbc

Tanning Establishment Renewal Form

FACILITY NAME: _____

LICENSE NUMBER: _____

ADDRESS: _____

*LICENSE EXPIRES: _____

*Renewals can be submitted no sooner than six weeks before the expiration date of the license. Renewals submitted prior to six weeks before the expiration date 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

To renew your license, complete this form and return it to the Board office.

- \$ 75 fee for renewal licensure application submitted on-line or with a postmark prior to or on the expiration date of license.
\$100 fee for delinquency licensure application submitted on-line or with a postmark within 60 days after the expiration date of license.
\$200 fee for reinstatement of licensure. Application and fee must be submitted with a postmark no later than 60 days beyond the expiration date shown on the facility license (this is equates to approximately 425 days in total.)

FEE PAYMENT \$75 /\$100/\$200 (see above)*

Credit Card Payment \$75/\$100/\$200 (see above)

- 1). Go to the Board website: www.kansas.gov/kbc
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 \$75/\$100/\$200 (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.

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

Owner's signature: _____ Date: _____
(Type or Sign)

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

E-mail address: _____

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, this is also viewed as 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 \$100 delinquent renewal fee is required.