



**Kansas Board of Cosmetology**  
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## 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	
<b>Facility name:</b> _____	(Facility Name)
<b>Address:</b> _____ (_____) _____	(Street) (City/State) (Zip) (Phone Number)
<b>Facility license number:</b> _____	<b>Expires:</b> _____
<b>Being duly sworn and deposited, I state the facility license has been</b> (check appropriate one):	
<input type="checkbox"/> Destroyed	
<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	
<b>To pay the non-refundable \$25 fee by check or money order, attach the fee to the front of this completed application. Check or money order shall be made payable to the Kansas Board of Cosmetology. For credit card payment, complete the section below:</b>	
Payment Type: <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	
_____	\$ _____
Credit Card #	Expiration Date (mo/yr)
_____ (_____) _____	_____
Card Holder's Printed Name	Daytime Phone
_____	Card Holder's Signature

Attestation and Notarization—At this point print this completed application	
<b>You may only sign and date this attestation before the individual who will notarize the document. Once the form is signed and notarized, forward the completed application to the Kansas Board of Cosmetology address listed above.</b>	
<b>I declare under penalty of perjury under the laws of the State of Kansas that the information provided is true and correct to the best of my knowledge.</b>	
<b>Applicant's Signature:</b> _____	<b>Date:</b> _____
<b>Sworn to and subscribed before me this _____ day of _____, 20_____ County _____</b>	
<b>Signature of Notary:</b> _____	Notary Seal

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