



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

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 the 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 30 days of the date of your renewal or application submission. Failure to do so may result in a \$25 duplicate license fee.

NON-REFUNDABLE FEES

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.

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

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

Has any owner been convicted of a felony within the last 5 years? Yes ___ No ___ Date of Conviction(s): _____

***You only need to mark yes if you have received a felony conviction within the last five years KAR 69-1-10

If you have been convicted of a felony within the last 5 years, attach a certified copy of all court documents outlining charges, convictions, sentencing and discharge. Also, attach the completed Felony Conviction Form and Felony Monitoring Form (where applicable) to this application, which can be found on our website under Forms and Applications. Pursuant to K.S.A. 65-1908(a)(4), you must demonstrate that you have been sufficiently rehabilitated to warrant the public trust which may include requesting a hearing to appear before the Board Disciplinary Panel. Failure to notify the Board of any additional or subsequent conviction(s) may result in disciplinary action.

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.

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.