

**WYOMING BOARD OF BARBER EXAMINERS**  
2515 Warren Avenue, Suite 302, Cheyenne, WY 82002  
Phone (307) 777-8572 Fax (307) 777-3681

**RENEWAL FORM FOR BARBER SHOP LICENSE**

RENEWAL FEE: \$85.00 FOR SHOP LICENSE (1 YEAR) \$40.00 LATE FEE AFTER JUNE 30<sup>TH</sup>

Shop Name \_\_\_\_\_

Name \_\_\_\_\_ ( \_\_\_\_\_ )  
Previous Last Name

Mailing Address \_\_\_\_\_

Birth Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ License Number \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

We receive requests for mailing lists from industry members who have a desire to mail information of interest to licensees; may we include your name?  
Yes (  ) No (  )

**Since your last renewal:**

1. Has any state(s) rejected your application or disciplined, restricted, revoked or suspended your license? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you ever voluntarily surrendered your license in order to avoid disciplinary action by any regulatory agency? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you ever been convicted of any felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Licensee \_\_\_\_\_

Payment types: personal checks, cashier's checks and money order, or you may complete the form below for debit or credit card payment. **No cash payment are accepted.**

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The following information will be shredded after processed.

**A processing fee of \$4.00 will be charged for credit card use.**

Indicate card using: [ <input type="checkbox"/> ] VISA [ <input type="checkbox"/> ] MASTERCARD [ <input type="checkbox"/> ] DISCOVER	Card Number _____ CVVC Code _____ (on back of card) Expiration Date _____ Phone # (307) _____ Name on Card _____ Billing Zip Code _____
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