

Wyoming Board of Cosmetology

2515 Warren Avenue, Cheyenne WY 82002

Phone (307) 777-3534 Fax (307) 777-3681

School Renewal Application

Renewal Fee: \$200.00, due by December 31st

(After December 31st late fees apply)

SCHOOL LICENSE NUMBER _____

NAME OF SCHOOL _____

OWNERS NAME _____

ADDRESS OF SCHOOL _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

SCHOOL PHONE NUMBER _____ EMAIL ADDRESS _____

Since your last renewal or within the past two (2) years:

- | | |
|---|--------------------|
| 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 _____ |
| 4. Do you now use, or within the last five (5) years have you used alcoholic beverages habitually to excess? | Yes _____ No _____ |
| 5. Do you now use, or within the last five (5) years have you used hallucinogenics, barbiturates, narcotics or any controlled substance habitually to excess? | Yes _____ No _____ |

Signature of Owner _____

For Board Use Only:

Date Processed: _____

Amount Processed: _____

Authorization Code: _____

The following information will be shredded after processed.

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

Indicate card using:

VISA

MASTERCARD

DISCOVER

Card Number _____ CVVC Code _____ (on back of card)

Expiration Date _____ Phone # (307) _____

Name on Card _____

Billing Address _____

Signature _____