

Wyoming Board of Cosmetology

2515 Warren Avenue, Suite 302

Cheyenne, WY 82002

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

Salon Renewal Application

Renewal Fee: \$75.00, due by December 31st

(After December 31st late fees apply)

Renew online at www.cosmetology.wy.gov

SALON LICENSE NUMBER _____

NAME OF SALON

OWNER'S NAME

STREET ADDRESS OF SALON _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

SALON 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 _____

Signature of Owner _____

The following information will be shredded after processed.

There is an additional charge of \$4.00 for all credit card payments.

CREDIT CARD TYPE [] VISA [] MASTERCARD [] DISCOVER

CREDIT CARD NUMBER: _____

CVC: _____ (3 digit # on the back of the card) EXPIRATION DATE: MO _____ YR _____

NAME AS IT APPEARS ON THE CARD: _____

BILLING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ TELEPHONE # _____