

# Wyoming Board of Cosmetology

2515 Warren Avenue, Suite 302

Cheyenne, WY 82002

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

## School License Renewal Application

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

(After December 31<sup>st</sup> late fees apply)

Renew online at [www.cosmetology.wy.gov](http://www.cosmetology.wy.gov)

SCHOOL LICENSE NUMBER \_\_\_\_\_

\_\_\_\_\_

NAME OF SCHOOL

OWNER'S NAME

STREET 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 \_\_\_\_\_

Signature of Owner \_\_\_\_\_

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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 # \_\_\_\_\_