

Sample

APPLICATION FOR RENEWAL—DETACH AND MAIL AFTER JUNE 1, 2005

KENTUCKY BOARD OF BARBERING

9114 Leesgate Road, Suite 6, Louisville, Kentucky 40222-5055

BARBER SHOP:

LICENSE NO.

Indicate Shop Name Do-Right Barber Shop

Shop Phone (555) 555-5555

Address 1 Barber Street  
Number and Street

Your city Your County 00000  
City County Zip

Owner's Name(s) Dudley Do-Right

Manager's Name(s) Dudley Do-Right

\*Manager's Signature Dudley Do-Right \*MANAGER'S SIGNATURE IS REQUIRED

SEND MONEY ORDER, CHECK, OR CASHIER'S CHECK ONLY IMPORTANT: Complete above application. Licenses shall be renewed beginning June 1 through July 1 of each year. Any license application received in person or postmarked later than July 31, 2005, shall be considered expired and a penalty of \$25.00 plus all lapsed license fees will be required for restoration of such license.

ALL INCOMPLETE FORMS WILL BE RETURNED WITH FEES

PLEASE NOTE THAT LICENSES PURCHASED BY CHECK WILL BE HELD 10 WORKING DAYS FOR CLEARANCE

Owner and Manager must be the same as currently on file. Contact the Board office for the proper forms before you make any changes.