

**Arizona State Board of Cosmetology**  
**1740 W Adams #4400**  
**Phoenix AZ 85007**  
**480-784-4539**

**ESTABLISHMENT RENEWAL FORM**

Complete & mail to the above address to complete your renewal.

**Fees are non-refundable**

I hereby certify by my signature that I am in compliance with A.R.S. Title 32, Chapters, 32-501 – 32-575

Print Salon Name:	Salon License #:
Owner Signature & Date:	Owners Phone #:
Federal Tax Identification #:	If paid or postmarked <b><u>on or BEFORE</u></b> the renewal date on your current license, your fee is: <b>\$50.00</b> <b>After renewal date: \$80.00</b>
Email Address:	Type of Salon: <input type="checkbox"/> Cosmetology <input type="checkbox"/> Aesthetic <input type="checkbox"/> Nail Tech <input type="checkbox"/> Hairstyling