

## APPLICATION FOR NEW BARBER SHOP LICENSE – License Fee \$80

Print or Type the Information Requested Below. All Information **MUST** be Provided in Order to Obtain a Barber Shop License.

SHOP NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SHOP ADDRESS: \_\_\_\_\_  
(Street) (City) (Zip) (County)

Is this business currently licensed as a Cosmetology Salon?  NO  YES

### OWNERSHIP:

PLEASE PROVIDE LEGAL NAME(S), HOME ADDRESSES, PHONE NUMBERS, AND SOCIAL SECURITY NUMBERS OF ALL OWNERS:  
IF ADDITIONAL SPACE IS NEEDED PLEASE PROVIDE ALL REQUESTED INFORMATION ON AN ATTACHED SHEET OF PAPER.

**K.A.R. 61-1-16. Use of shop for living quarters or business purposes prohibited.** No barber shop, school or college or rest room in connection therewith shall be used for living quarters, or business purposes except for the sale of items related to hair and skin care.

A PHYSICAL STREET ADDRESS IS REQUIRED FOR THE HOME ADDRESS; PO BOX IS NOT ACCEPTABLE. THE BARBER SHOP ADDRESS WILL NOT BE ACCEPTED AS THE HOME ADDRESS.

1<sup>st</sup> OWNER'S NAME: \_\_\_\_\_  
(Last) (First) (Middle)

PHONE NUMBER: \_\_\_\_\_ \*SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Required pursuant to 42 U.S.C.S. § 666(a)(13), K.S.A. 74-148(a) and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas Director of taxation upon request.

HOME ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Please mark one of the following. Are you licensed in the State of Kansas as a:  Barber  Cosmetologist  Neither

2<sup>nd</sup> OWNER'S NAME: \_\_\_\_\_  
(Last) (First) (Middle)

PHONE NUMBER: \_\_\_\_\_ \*SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Required pursuant to 42 U.S.C.S. § 666(a)(13), K.S.A. 74-148(a) and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas Director of taxation upon request.

HOME ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Please mark one of the following. Are you licensed in the State of Kansas as a:  Barber  Cosmetologist  Neither

PAST CONVICTIONS: Have you ever been convicted of an offense(s) other than a traffic violation?  YES  NO

FELONY CONVICTION: Have you ever been convicted of a felony?  YES  NO

If you answered yes to either of these questions, attach a certified copy of all court documents outlining charges, convictions, sentencing and discharge. If this information has been provided with your Barber License renewal application please disregard.

\_\_\_\_\_  
(Signature) (Date)

Mail application with check or money order in the amount of \$80 to:

**KANSAS BOARD OF BARBERING, 700 SW Jackson, Suite 1002, Topeka, KS 66603-3811**

**APPLICATION FOR A NEW BARBER SHOP LICENSE - SUPPLEMENTAL PAGE** -- The following information **must be completed** and returned with the application before a barber shop license will be issued. Even if you will be the only barber working.

*65-1808. Practice of barbering regulated by act. It is unlawful for any person to engage in barbering for hire in this state, to operate a barber shop, barber school or barber college, to employ any person to engage in the practice of barbering as defined in K.S.A. 65-1809 and amendments thereto, except in conformity with the provisions of this act.*

As established in the Kansas statute reference above, a Kansas licensed barber must be working in an establishment licensed as a barber shop. Please provide the name(s) and current barber license number of the barber's that will be working in your establishment:

Licensed Barber's Full Name	Barber License No.	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**When would you like to open your shop?**