STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

APPLICATION TO REINSTATE ESTABLISHMENT LICENSE - CROSSOVER

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BOARD OF COSMETOLOGY AND BARBER EXAMINERS
P.O. BOX 1062
JEFFERSON CITY, MO 65102
(573) 751-1052

INSTRUCTIONS

YOUR SHOP LICENSE RENEWAL WAS NOT RECEIVED INTO OUR OFFICE BY THE DEADLINE OF SEPTEMBER 30TH.

State Regulation 20 CSR 2085-10.010 (4)(B) Reinstatement of License. The holder(s) of a shop license which has not been renewed by the renewal date shall be required to submit a late fee in addition to the biennial renewal fee in order to reinstate the license. The holder(s) of the license for a shop which continues to operate although the license has not been renewed shall be subject to disciplinary action if the license is not reinstated within ten (10) working days following the mailing of a notice to the holder(s) or sixty (60) days from the renewal deadline, whichever is later, for operating a shop without a license.

The reinstatement fee is $130.00 for the two (2) year licensing period. NOTE: (Cosmetology only). This fee covers up to and including the first three (3) licensed operators and apprentices or students with temporary permits. You should **add $10.00** for each additional cosmetology operator, apprentice or student with a temporary permit over the first three.

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN THIS FORM AND THE APPROPRIATE FEE TO:

BOARD OF COSMETOLOGY AND BARBER EXAMINERS
P.O. Box 1062
Jefferson City, Missouri 65102

MAKE CHECKS OR MONEY ORDERS PAYABLE TO:

BOARD OF COSMETOLOGY AND BARBER EXAMINERS

COMPLETE THE REQUESTED INFORMATION

ESTABLISHMENT LICENSE NUMBER	ESTABLISHMENT NAME

ESTABLISHMENT ADDRESS (STREET/ROUTE/BOX, CITY, STATE, ZIP CODE)	THIS BUSINESS ENGAGES IN THE SALE OF RETAIL.
	☐ YES - ___ ___ ___ ___ ___ ___ ___ ___ (8 DIGIT MISSOURI TAX ID NO.) ☐ NO

APPLICANT NAME(S)	SOCIAL SECURITY NUMBER

EMAIL ADDRESS

☐ (OPTIONAL) I AUTHORIZE THE BOARD TO RELEASE MY EMAIL ADDRESS UPON REQUEST.

(COSMETOLOGY ONLY) NUMBER OF OPERATORS YOU ARE REINSTATING FOR ▶		AMOUNT ENCLOSED $

SIGNATURE OF APPLICANT(S) ▶	DATE