Board of Barbers & Cosmetologists
301 South Park
PO Box 200513
Helena MT 59620-0513
Email: dlibsdunita@mt.gov
Phone: (406) 444-6880

RENEWAL APPLICATION

License No

Check For New Name or Address. Indicate any changes below.

Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Please check the following license type you wish to renew:

○ **Barbershop Fee: $85.00** ○ **Salon Fee: $85.00**

Your Annual Montana **Barbershop/Salon** license will expire on July 1st
Incomplete renewal forms will be returned and your renewal is considered incomplete.

INSTRUCTIONS:

1) Online renewal is available by e-check or credit card at https://ebiz.mt.gov/pol/ Mail in fee is payable by check or money order made payable to: Board of Barbers & Cosmetologists. **DO NOT SEND CASH.**
2) Failure to renew **prior to July 1st** will result in your barbershop/salon license lapsing.
3) If you fail to renew by the **July 1st** deadline, you may renew your license by completing the same procedure and paying the **additional** late fee of $85.00 until **August 15th. The late fee is non-refundable and non-waivable.**

After August 15th your license expires and you can no longer operate a shop/salon.

If the preferred mailing address shown above has changed, please complete the following:

Preferred Mailing Address: _____
Street City State Zip

Phone Number: _____ This is my ○ HOME ○ BUSINESS

Please provide the following information for updating the board's records:

E-Mail:_____ (Please check one above)

****NOTICE** You must answer the following question and sign the form:**

○ YES ○ NO HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF YOUR PROFESSIONAL LICENSES SINCE EITHER YOUR INITIAL LICENSURE IN MONTANA OR SINCE YOU RENEWED YOUR LICENSE, WHICHEVER OCCURRED LATEST? If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your signature:_____ Date: _____

DO NOT SEND CASH

*****Annual DEADLINE July 1st*****