

MONEY ORDER OR CERTIFIED CHECK ONLY. NO REFUNDS AFTER APPLICATION HAS BEEN PROCESSED.

ID NO _____

AMOUNT \$ _____

DATE POSTED _____
DUE PAID

CONTROL NO. _____

LICENSE NO. _____

DATE ISSUED _____
(OFFICE USE ONLY)

BARBER RESTORATION APPLICATION

1. FULL NAME: _____
(Last) (First) (Middle)

2. HOME ADDRESS: _____
(Number) (Street) (Apt. No.)

(City) (County) (State) (Zip)

3. DATE OF BIRTH: _____ PHONE NO: _____

4. SHOP NAME (IF EMPLOYED): _____

5. SHOP ADDRESS: _____

6. HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ DATE: _____
IF THE ANSWER IS YES, REMIT COPY OF COURT CONVICTION

7. HAVE YOU EVER USED ANY HABIT-FORMING DRUGS THAT ARE PROHIBITED BY STATE OR FEDERAL LAWS? YES NO IF "YES" EXPLAIN ON BACK OF THIS APPLICATION.

8. DO YOU HAVE ANY CONTAGIOUS, INFECTIOUS OR COMMUNICABLE DISEASES?
YES NO

9. ARE YOU A REGISTERED SEX OFFENDER? YES NO

APPLICANT'S SIGNATURE _____

Sworn to and subscribed before me, a Notary Public in and for _____

County, State of _____ on this _____ day of _____ 20____

Notary Seal

Signature of Notary