Division of Professions and Occupations
Office of Licensing–Barber/Cosmetology
(303) 894-7800 / Fax (303) 894-7693
www.dora.colorado.gov/professions

Reinstatement Application
BARBER/COSMETOLOGY BUSINESS
Fee: **$61**

To reinstate your expired **Barber/Cosmetology Business** registration:

- Complete this form, attaching any required supporting documentation.
- Pay the reinstatement fee. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado.* All fees are non-refundable and subject to change every July 1.
- Return the completed form, any required documentation, and the reinstatement fee to: Division of Professions and Occupations, Office of Licensing, 1560 Broadway, Suite 1350, Denver, Colorado, 80202.

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Registration Number: _____ Date Registration Expired: _____

Business Name: _____

☐ **This is a new Business Name.**

The ***previous*** business name was: _____

Federal Employer Identification Number (FEIN), *if applicable*: _____

Business Type: ☐ Fixed establishment ☐ Temporary establishment ☐ Mobile unit ☐ School

Services Provided: ☐ Barbering ☐ Cosmetology ☐ Esthetician ☐ Manicuring ☐ Hairstyling

Business Address: Street and Number: _____

City, State, Zip: _____

☐ **This is a new Business Address.** The ***previous*** business address was:

Street and Number: _____

City, State, Zip: _____

Business Telephone: _____ Business E-mail Address: _____

Owner(s) Name: _____

Owner must be the responsible individual for the shop, not a company.

Owner License Number(s), *if applicable*: _____

Owner Address: Street and Number: _____

City, State, Zip: _____

Owner Telephone: _____ Owner E-mail Address: _____

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503 that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

_____ _____

Applicant Signature (must be original signature) **Date**

Registration Expiration Grace Period for Applicants. *All applicants who are issued a registration within 120 days of the upcoming renewal expiration date will be issued a registration with the subsequent expiration date. For example, registrations issued between August 1, 2013 and November 30, 2013 will reflect a registration expiration date of November 30, 2015. Registrations issued prior to August 1, 2013 will reflect an expiration date of November 30, 2013 and must renew in the upcoming renewal period.*