

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE  
DIVISION OF HEALTH PROFESSIONS  
BOARD OF BARBERING, COSMETOLOGY, & ESTHETICS  
121 South Fruit Street  
Concord, N.H. 03301-2412  
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DAVID GROSSO  
Executive Director

LINDSEY  
COURTNEY  
Division Director



RENEWAL APPLICATION FOR TWO-YEAR BOOTH RENTAL LICENSE

Please answer the 3 questions below, sign, and return above address with the following:

A check or money order made payable to "Treasurer, State of NH" in the amount of **\$75.00**.

This application must be received before the expiration date with renewal fee of \$75.00. Renewal applications received after the expiration date are subject to a **\$55.00 late fee**.

- Have you ever been convicted of any felony or misdemeanor, other than a traffic violation, which has not been annulled by a court?(Circle one) **YES NO**
  - If yes, Before the Board can review your file for approval they must have the following documents: You must obtain from the court a copy of the court charge(s), conviction(s), penalties imposed, provide a statement from you relative to the charge(s), and a letter from your probation officer stating you are in compliance with terms of probation.
- Are you addicted to the use of alcohol or other habit-forming drugs to a degree rendering you unfit to practice under RSA 313-A (Circle one) **YES NO** If yes, explain:
- Have you been determined by a court to be mentally incompetent or do you have, or have you been told by health practitioner or mental health practitioner that you have, a physical or a mental condition that impairs your ability to practice the profession for which you are seeking licensing under RSA 313-A?  
(Circle one) **YES NO** If yes, explain:

I hereby certify that the statements made in this application are true and accurate. I have not withheld information that is requested. I am aware that a false, dishonest or misleading answer may be grounds for 1) denial of this application; 2) disciplinary action against my license; and further that 3) false statements are punishable by law.

Name of Booth Renter (please print): \_\_\_\_\_ Birth Month: \_\_\_\_\_

Booth Renter's Home Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Shop: \_\_\_\_\_

Shop Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ SSN (last four): \_\_\_\_\_  
(optional)

Telephone: \_\_\_\_\_