Kansas Board of Cosmetology
BOARD OF COSMETOLOGY
714 S.W. Jackson, Ste. 100, Topeka, Kansas 66603
www.kansas.gov/kboc Email: kboc@ks.gov Fax: (785) 296-3002

DEMONSTRATION PERMIT APPLICATION

INSTRUCTIONS

- Please read this form before completing.
- Provide complete information (incomplete information will delay review of your application).
- Enclose the appropriate application fee (listed below) as well as a copy of your valid driver's license and copy of your Social Security Card (or a copy of your visa or passport if you are not a U.S. Citizen)
- An application for a Demonstration Permit must be submitted to the board office at least (30) days **prior** to the event.
- ALL FEES ARE NONREFUNDABLE.
- Demonstration permits are valid for no more than fourteen (14) days after issuance and are not renewable.
- Pursuant to HB 2125, demonstration permits authorize a person to provide tattooing, cosmetic tattooing, or body piercing services at a state or national convention or at an event location approved by the Board, or as a guest artist at an establishment licensed by the Board, if:
  - The person performing the services is licensed to perform such profession in Kansas; and
  - The license has not been revoked, suspended, or conditioned from the practice of such profession.

LICENSE TYPE FOR DEMONSTRATION PERMIT (Valid for one location only)	**FEE PAYMENT**
☐ TATTOO ($100) ☐ TATTOO/COSMETIC TATTOO ($100) ☐ COSMETIC TATTOO ($100) ☐ BODY PIERCING ($100)	**Credit Card Payment $100** 1). Go to the Board website: www.kansas.gov/kboc 2). Select Payment Portal from the Top Menu Bar 3). Transaction Item = Demonstration Permit 4). Record your Order ID # from your emailed receipt here: _____ **Check or Money Order Payment $100** 1). Complete this form 2). Make Check or Money Order Payable to the Kansas Board of Cosmetology 3). Mail form and payment to the Board office at the address provided above.
CONVENTION/EVENT/ESTABLISHMENT NAME	**CONVENTION/EVENT/ESTABLISHMENT DATES (MM/DD/YYYY)** **FROM** **TO**
CONVENTION/EVENT/ESTABLISHMENT ADDRESS (Street, City, State, Zip)	
CONVENTION/EVENT/ESTABLISHMENT OPERATOR NAME, PHONE NUMBER, AND EMAIL ADDRESS	

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APPLICANT NAME (FIRST, MIDDLE, LAST, SUFFIX)		**SSN (OR VALID PASSPORT IF NOT A U.S. CITIZEN)**
DATE OF BIRTH	**PHONE NUMBER**	**EMAIL ADDRESS**
MAILING ADDRESS(STREET, CITY, STATE, ZIP)		
☐ I hold a valid license in Kansas or another US State, District, or Territory in the area of practice in which I am applying for. Contact your state board and request verification be sent directly to this office.		
STATE IN WHICH YOU ARE LICENSED AND LICENSE NUMBER	**ISSUE DATE:**	**EXPIRATION DATE:**
PROPOSED DEMONSTRATION DATES		
PRIOR DISCIPLINARY ACTION		
Have you ever had a professional body art license, certification, registration, or permit revoked, suspended, or conditioned, or otherwise subject to any type of disciplinary action? If YES, please complete the Disciplinary Action Disclosure Form ☐ Yes ☐ No		
ATTESTATION & APPLICANT SIGNATURE		
I declare that I will comply with the applicable sanitation procedures and regulations (K.A.R. 69-15-1 et seq.) and that I am subject to the jurisdiction of the board (K.S.A. 65-1940 – 65-1954), and I affirm, under penalty of perjury, that the information provided above is true and correct.		
SIGNATURE REQUIRED		**DATE SIGNED**