



**ALABAMA BOARD OF COSMETOLOGY**  
**RSA UNION BUILDING**  
 100 North Union St., Suite 320, Montgomery, AL 36130-1750  
 Phone: 334-242-1918; Toll Free: 1-800-815-7453; Fax: 334-242-1926  
 www.aboc.state.al.us

**SALON CHANGE FORM**

- CHANGE NAME OF SALON: \$25 FEE**
- MOVING WITHIN SAME COUNTY: \$50 FEE**
- MOVING TO DIFFERENT COUNTY: PLEASE SUBMIT NEW SALON APPLICATION**

**Money Order, Cashier's Check or Certified Check Only. No Personal Checks Accepted**

- **PLEASE RETURN CURRENT LICENSE FOR PROCESSING APPLICATION.**

We will print you a new license with the new information

(Please Print)

Current Salon Name \_\_\_\_\_ Record ID# \_\_\_\_\_ Phone Number \_\_\_\_\_

Current Physical Address Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

**New Salon Name**

New Mailing Address Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

New Physical Address Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

First Owner's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Owner's Phone Number \_\_\_\_\_ Effective Date \_\_\_\_\_

Second Owner's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Owner's Phone Number \_\_\_\_\_ Effective Date \_\_\_\_\_

Signature of First Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Second Owner \_\_\_\_\_ Date \_\_\_\_\_

If more than 2 (two) owners, please put information on the back of this sheet.

- **No License is Valid for a Period of More Than Two Years**
- **All Business Licenses Must be Renewed by October 31<sup>st</sup> of Odd-Numbered Years to Avoid a Late Charge of \$50**

**ABOC USE ONLY**

Pymt # \_\_\_\_\_  
 Type \_\_\_\_\_ Fee \_\_\_\_\_ Late Chg \_\_\_\_\_  
 Tot Fee \_\_\_\_\_ Date \_\_\_\_\_  
 Proc by \_\_\_\_\_ Date Ret \_\_\_\_\_  
 Notes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_