



ALABAMA BOARD OF COSMETOLOGY AND BARBERING
 RSA Union Building
 100 N. Union Street, Suite 324, P. O. Box 301750, Montgomery, AL 36130-1750
 Office 334-242-1918, Toll Free 800-815-7453, Fax 334-242-1926
 www.aboc.alabama.gov

CHANGE OF SALON OWNERSHIP APPLICATION

Please Enclose the Following Requirements:

- The original salon license – *not a copy*.
- Copy of new owner(s)' Social Security card and Driver's License.
- \$25 fee. Salon check, Cashier's Check or Money Order only. No personal checks accepted.
- This application must be notarized and signed by current owner and new owner.

Please print all information:

Name of Salon _____ Type of license _____ License# _____
 Salon Physical Address _____ City _____ State _____ Zip Code _____
 Salon Mailing Address _____ City _____ State _____ Zip Code _____
 Date of Change _____ Business Phone _____ Cell/home Phone _____

Section 34-7B-10(2): "The board may deny the sale or transfer of a school or shop if the owner or operator is the subject of outstanding violations of this chapter or the rules of the board, or both."

New Owner(s) Agree(s) to Accept Responsibility for Any Outstanding Fines and/or Violations Against This Salon.

Previous Owner _____ Signature _____
Last Name First
 2nd Previous Owner _____ Signature _____
 (If applicable) _____
Last Name First

New Owner _____ Social Security # _____
Last Name First Middle

2nd New Owner (If Applicable) _____ Social Security # _____
Last Name First Middle

I (We) agree to abide by all rules and laws of the Alabama Board of Cosmetology and Barbering.

BY MY (OUR) SIGNATURE BELOW I (WE) CERTIFY THAT I (WE) AM (ARE) EITHER A CITIZEN(S) OF THE UNITED STATES OR LEGALLY PRESENT IN THE UNITED STATES AND AUTHORIZED TO WORK.

Today's Date _____
 New Owner's Signature _____
 2nd New Owner's Signature (if applicable) _____

Sworn to and subscribed before me this _____ day of _____, 20____.

 Notary Public

My subscription expires: _____.

Put information on back page if more than two owners

Revised 09/13 replaces all previous forms.

OFFICE USE ONLY	
Ck# _____	Py Type _____
Fee _____	Lt Chg _____ Total _____
ACT DATE _____	By _____
Note: _____	

