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
(If applicable)_____ Signature_____
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: _____
_____
_____