



ALABAMA BOARD OF COSMETOLOGY

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Montgomery, AL 36130-1750

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800-815-7453 toll free

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www.aboc.state.al.us

CHANGE OF OWNERSHIP OF A REGISTERED SALON

Please enclose the following information to complete a Change of Ownership of a Registered Salon:

1. Original salon license
2. Affidavit for a Change of Ownership of a Registered Salon. This affidavit **must be** notarized and signed by both the currently registered Owner and the new Owner.
3. If applicable, notification of a new Manager on Duty (separate application)
4. Copy of new Owner's Social Security Card and Driver's License
5. FEE: \$25. Salon check or money order only. **NO PERSONAL CHECKS ACCEPTED.**

_____ PRINT Name of Salon	_____ Type of license	_____ Record ID#
_____ Business address	_____ City	_____ State Zip Code
_____ Mailing Address		
_____ Date of change	(_____)_____ Business Phone	(_____)_____ New Owner's cell phone number or other contact number

To change your booth rental's NAME/ADDRESS/SALON LOCATION, please contact us or our website (www.aboc.state.al.us under "Applications") for the appropriate application. A form must be completed to change booth renewal information.

I (we) hereby certify that I (we) am (are) applying for registration as a registered salon and will abide by the Alabama Law/Rules and Regulations promulgated by the Board. I will notify the Board of any changes in owner, location or manager within ten (10) days. **I am responsible for any and all outstanding and future complaints, fines and/or violations against this salon.**

_____ PRINT Last Name of Previous Owner(s)	<u>SIGNATURE OF PREVIOUS OWNER</u>
_____ PRINT Last Name of New Owner(s)	_____ First Middle Social Security #
_____ PRINT Last Name of New Owner(s)	_____ First Middle Social Security #
_____ Signature of New Owner(s)	_____ Signature of New Owner(s)

Please list additional owner(s) and information on the back of this page

Today's date

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

Notary Public My subscription expires: _____.

Revised 12/10. Replaces all previous forms.

ABOC USE ONLY	
CK# _____	Type _____
Fee _____	LtChg _____ Total _____
Date Ret _____	By _____
Date Proc _____	By _____