



# ALABAMA BOARD OF COSMETOLOGY

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## SALON OWNERSHIP CHANGE APPLICATION

Please complete this application and enclose the following:

1. Original salon license
2. Notification of a new Manager on Duty if applicable.
3. Copy of new Owner's Social Security Card and Driver's License
4. \$ 25 FEE: Salon check or money order only. NO PERSONAL CHECKS.

Name of Salon: Please Print	License #	Phone
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Street Address	City	County	Zip
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Mailing Address if Different From Street Address:

I hereby certify that I am selling the salon named above:

Previous Owner: Please Print	Signature	Date
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I hereby certify that I am purchasing the salon named above:

New Owner's Name: Please Print	S/S Number	Signature	Date
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Additional New Owner if Applicable:	S/S Number	Signature	Date
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Sworn to and subscribed before me this \_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_.

Notary Public: \_\_\_\_\_

My Subscription expires: \_\_\_\_\_

ABOC USE ONLY	
CK# _____	Type _____
Fee _____	Total _____
Acctg Date: _____	By: _____
Date Proc _____	By _____
Note: _____	_____
_____	_____
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