



ALABAMA BOARD OF COSMETOLOGY & BARBERING

RSA Union Building | 100 N. Union Street | Suite 324 | Montgomery, Alabama 36104

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APPLICATION FOR SHOP OWNERSHIP CHANGE

NON-REFUNDABLE FEE \$25

Please select:

OWNERSHIP CHANGE FEE: \$25

Include a business check, cashier's check, or money order (no personal checks) in the amount of \$25.

Include the ORIGINAL shop license - not a copy.

Include a copy of the bill of sale or other documentation of change of ownership.

Include a copy of each owner's social security card and current driver's license (front and back).

Include a copy of the current business license from city or county.

Current Shop Name: FEIN: License #:

Mailing Address: Street or PO Box: City: State: Zip:

Physical Address: Street: City: State: Zip:

Phone Number: Email Address:

New Shop Name (if changing): New FEIN (if applicable):

New Phone Number (if changing): New Email Address (if applicable):

Previous Owner (Printed): Previous Owner's Signature:

LAST NAME FIRST NAME / MIDDLE NAME

Previous Owner (if more than one): Previous Owner's Signature:

LAST NAME FIRST NAME / MIDDLE NAME

CERTIFICATION

By my signature I certify under penalty of prosecution that I am either a citizen of the United States or legally present in the United States and authorized to work. I understand that providing false information on this application may result in revocation of the license and imposition of administrative penalties. **I understand that I assume responsibility for payment of any outstanding fines or penalties.**

New Owner (Printed): New Owner's Social Security No.: New Owner's Signature:

LAST NAME FIRST NAME / MIDDLE NAME

New Owner (if more than one): New Owner's Social Security No.: New Owner's Signature:

LAST NAME FIRST NAME / MIDDLE NAME

Services Offered:

Hair Nails Skincare Waxing All Other:

Effective Date of Change: Shop Hours: Check All Days Open:

Sun Mon Tues Wed Thurs Fri Sat

FOR ABOCB USE ONLY:

ACCT DATE: FEE:

CHECK #: