



ALABAMA BOARD OF COSMETOLOGY AND BARBERING

RSA UNION BUILDING

P. O. Box 301750, Montgomery, AL 36130-1750

Phone: 334-242-1918; Toll Free: 1-800-815-7453; Fax: 334-242-1926

www.aboc.alabama.gov

SHOP CHANGE FORM

- CHANGE NAME OF SHOP: \$25 FEE
SHOP RELOCATION: \$50 FEE
CHANGE NAME AND ADDRESS: \$50 FEE

Money Order or Cashier's Check Only. No Personal Checks Accepted

RETURN CURRENT LICENSE. A new license with the new information will be sent to you.

(Please Print)

Current Shop Name Record ID# Phone Number

Current Physical Address Street City County Zip Code

New Shop Name Phone #

New Mailing Address Street City County Zip Code

New Physical Address Street City County Zip code

First Owner's Name Social Security # Owner's Phone Number Effective Date

Second Owner's Name Social Security # Owner's Phone Number Effective Date

Signature of First Owner Date

Signature of Second Owner Date

If more than 2 (two) owners, please put information on the back of this sheet.

Attach a copy of shop business license or have the statement below completed:

STATEMENT TO BE COMPLETED BY ZONING OFFICIAL

No Zoning Ordinance Applies for this location:

Signature of Official Title Date

This location is zoned for business:

Signature of Official Title Date

- No License is Valid for a Period of More Than Two Years
All Business Licenses Must Renew by October 31st of Odd-Numbered Years to Avoid a Late Charge of \$50.00

ABOC USE ONLY

Pymt #

Type Fee Late Chg

Tot Fee Date

Proc by Date Ret

Notes