ALABAMA BOARD OF COSMETOLOGY & BARBERING

RSA Union Building | 100 N. Union Street | Suite 324 | Montgomery, Alabama 36104
PO Box 301750 | Montgomery, Alabama 36130-1750
Phone | 334 242 1918 Toll Free | 1 800 815 7453

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.

OWNERSHIP CHANGE AND NAME CHANGE FEE: Only one \$25 fee applies.

Current Shop Name:		FEIN:	License	#:			
Mailing Address: Street or PO Bo		0''			7'		
Mailing Address. Sheet on to be	JX.	City:	State:		Zip:		
Physical Address: Street:		City:	State:		Zip:		
Phone Number:	Email A	Address:					
New Shop Name (if changing):		New FEIN (i	New FEIN (if applicable):				
New Phone Number (if changing	g):	New Email Address (if applicable):					
Previous Owner (Printed):			P	revious Ow	ner's Sign	ature:	
LAST NAME	FIRST NAME / MIDDLE NAME						
Previous Owner (if more than on	ie):		P	revious Ow	/ner's Sign	ature:	
LAST NAME	FIRST NAME / MIDDLE NAME						
	CE	ERTIFICATION					
By my signature I certify under p United States and authorized to revocation of the license and im any outstanding fines or penaltie	work. I understand that pr nposition of administrative	oviding false informa	tion on this ap	olication m	ay result ii	n	
New Owner (Printed):	New C	Owner's Social Security	y No.:	New Own	er's Signat	ure:	
LAST NAME	FIRST NAME / MIDDLE NAME						
New Owner (if more than one):	New C	Owner's Social Security	y No.:	New Own	er's Signat	ure:	
LAST NAME	FIRST NAME / MIDDLE NAME						
Services Offered:							
Hair Nai	ils Skincare	Waxing	All		Other:		
Effective Date of Change:	Shop Hours:	Check All Days	Open:				
		Sun N	Mon Tues	Wed	Thurs	Fri	Sat
FOR ABOCB USE ONLY:							
ACCT DATE:		FEE:					
CHECK #:							