



ALABAMA BOARD OF COSMETOLOGY AND BARBERING  
 RSA Union Building, 100 N. Union Street, Suite 324  
 P. O. Box 301750, Montgomery, AL 36130-1750  
 Office 334-242-1918 • Toll Free 800-815-7453 • Fax 334-242-1926  
 www.aboc.alabama.gov

**CHANGE OF SHOP OWNERSHIP APPLICATION**

**Requirements:**

- The original salon license – *not a copy*.
- Copy of new owner(s)' Social Security card and Driver's License.
- Copy of Bill of Sale (if available)
- \$25 fee. Salon check, Cashier's Check or Money Order only. No personal checks accepted.
- This application must be notarized and signed by previous owner and new owner.

Please print all information:

Name of Salon \_\_\_\_\_ Type of license \_\_\_\_\_ License# \_\_\_\_\_  
 Salon Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Salon Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Date of Change \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell/home Phone \_\_\_\_\_

**Section 34-7B-10(2):** "The board may deny the sale or transfer of a school or shop if the owner or operator is the subject of outstanding violations of this chapter or the rules of the board, or both."

**New Owner(s) Agree(s) to Accept Responsibility for Any Outstanding Fines and/or Violations Against This Salon.**

Previous Owner \_\_\_\_\_ Signature \_\_\_\_\_  
Last Name First

2<sup>nd</sup> Previous Owner \_\_\_\_\_ Signature \_\_\_\_\_  
 (If applicable) \_\_\_\_\_  
Last Name First

New Owner \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last Name First Middle

2<sup>nd</sup> New Owner: \_\_\_\_\_ Social Security # \_\_\_\_\_  
 (If applicable) \_\_\_\_\_  
Last Name First Middle

***I (We) agree to abide by all rules and laws of the Alabama Board of Cosmetology and Barbering.***

**BY MY (OUR) SIGNATURE BELOW I (WE) CERTIFY THAT I (WE) AM (ARE) EITHER A CITIZEN(S) OF THE UNITED STATES OR LEGALLY PRESENT IN THE UNITED STATES AND AUTHORIZED TO WORK.**

New Owner's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

2<sup>nd</sup> New Owner's Signature (if applicable) \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

My subscription expires: \_\_\_\_\_

**\*\*\*Put information on back page if more than two owners\*\*\***

| OFFICE USE ONLY |                          |
|-----------------|--------------------------|
| Ck# _____       | Py Type _____            |
| Fee _____       | Lt Chg _____ Total _____ |
| ACT DATE _____  | By _____                 |
| Note: _____     |                          |
| _____           |                          |
| _____           |                          |