



ALABAMA BOARD OF COSMETOLOGY & BARBERING

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

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Phone | 334 242 1918 Toll Free | 1 800 815 7453

APPLICATION FOR SCHOOL NAME AND/OR ADDRESS CHANGE

NON-REFUNDABLE NAME CHANGE FEE \$25

NON-REFUNDABLE LOCATION CHANGE FEE \$75

Please select: MONEY ORDER, CASHIER'S CHECK, OR BUSINESS CHECK ONLY

NAME CHANGE FEE (INCLUDES ISSUANCE OF NEW LICENSE): \$25

CHANGE OF MAILING ADDRESS: NO FEE

LOCATION CHANGE (INCLUDES ISSUANCE OF NEW LICENSE AND REINSPECTION): \$75 - MUST INCLUDE FLOOR

PLAN AND PROOF OF LIABILITY INSURANCE (NAME CHANGE AND LOCATION CHANGE TOTAL FEE: \$100)

Current School Name:

FEIN:

License #:

Current Mailing Address: Street or PO Box:

City:

County:

Zip:

Current Physical Address: Street:

City:

County:

Zip:

Phone Number:

Email Address:

New School Name (if applicable):

New FEIN (if applicable):

New Mailing Address (if applicable): Street or PO Box:

City:

County:

Zip:

New Physical Address (if applicable):

City:

County:

Zip:

New Phone Number (if applicable):

New Email Address (if applicable):

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.

Applications without an authorized signature will not be processed.

Owner's Name: _____

Phone Number: _____

Please list additional owners on the back of this form if necessary.

Signature of Owner, Officer, or Authorized Individual

Date

FOR ABOCB USE ONLY:

ACCT DATE:

FEE:

CHECK #:

LATE CHARGE:

PMT TYPE:

TOTAL:

NOTES:

BY: