



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR NAME CHANGE OF ESTABLISHMENT

BOARD OF COSMETOLOGY AND
 BARBER EXAMINERS
 P.O. BOX 1062
 JEFFERSON CITY, MO 65102
 (573) 751-1052

INSTRUCTIONS

THIS FORM IS TO BE COMPLETED BY ALL LICENSE HOLDERS REQUESTING A NAME CHANGE OF ESTABLISHMENT PURSUANT TO 20 CSR 2085-10.020.

(3) Name Change of Establishment. If at any time during the license period the name of the establishment is changed, the original establishment license shall become void as to the prior name and the owners of the establishment shall submit an application to the board for an establishment license for the new name with the duplicate establishment fee. The application must be made in writing and shall be accompanied by two (2) forms of identification, a duplicate license fee and, if applicable, the establishment license currently in the license holder's possession.

(A) The board shall be notified immediately in writing by the license holder(s) of an establishment name change.

(B) No barber or cosmetology services shall be performed or offered to be performed under the new name until the establishment is issued a license by the board for the new name.

\$10.00 ESTABLISHMENT NAME CHANGE.

LICENSE TYPE

CHECK APPROPRIATE BOX:

- COSMETOLOGY ESTABLISHMENT COSMETOLOGY SCHOOL BARBER ESTABLISHMENT BARBER SCHOOL
 CROSS-OVER ESTABLISHMENT CROSS-OVER SCHOOL

LICENSEE INFORMATION

ESTABLISHMENT OR SCHOOL NAME	TELEPHONE NUMBER
------------------------------	------------------

ADDRESS (NUMBER AND STREET, ROUTE, BOX NUMBER, CITY, STATE, ZIP CODE)

COUNTY	LICENSE NUMBER
--------	----------------

APPLICANT NAME (FIRST, MIDDLE, LAST)	HOME TELEPHONE NUMBER
--------------------------------------	-----------------------

LICENSED OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE NUMBER	SOCIAL SECURITY NUMBER
--	----------------	------------------------

MUST BE SIGNED IN PRESENCE OF NOTARY	LICENSEE SIGNATURE	DATE
	▶	

NOTARY INFORMATION

NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	