



**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.**

All fees are non-refundable.

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

COUNTY	LICENSE NUMBER
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APPLICANT NAME (FIRST, MIDDLE, LAST)	HOME TELEPHONE NUMBER
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LICENSSED OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE NUMBER	SOCIAL SECURITY NUMBER
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<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	LICENSSEE SIGNATURE ▶	DATE
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**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
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	