

## ALABAMA BOARD OF COSMETOLOGYAND BARBERING

## RSA UNION BUILDING

P. O. Box 301750, Montgomery, AL 36130-1750 Phone: 334-242-1918; Toll Free: 1-800-815-7453; Fax: 334-242-1926

www.aboc.alabama.gov

		S	HOP CHANGE FORM	1		
□ CHANGE N	NAME OF SHOP:	\$25 FEE	□ CHANGE	PHYSICAL ADDRESS: \$50 FEE		
•		<del></del>	Personal Checks Ac	·		
	NT LICENSE. A	new license	with the new inform	ation will be sent to you.		
(Please Print)						
License Number (Red Number on License)		Phone Number				
Name on Current License			New Name of Sh	New Name of Shop (if changing)		
Mailing Address of Shop on License			Mailing Address	Mailing Address of Shop (if changing)		
City		County	City		County	
Physical Address of Shop on License			Physical Addres	Physical Address of Shop (if changing)		
City	Zip	County	City	Zip	County	
First Owner's Name			Social Security #	Signature		
Second Owner's Name		Social Security #	Signature			
If more than two (2) ow	ners, please put info	rmation on b	ack of this sheet.			
PLEASE ATTACH	I COPY OF NEW	BUSINESS	LICENSE OR ZONIN	G STATEMENT ON OFFICIAL L	ETTERHEAD.	

- No License is Valid for a Period of More Than Two Years
  All Business Licenses Must Renew by October 31st of Odd-Numbered Years to Avoid a Late Charge of \$50.00

ABOC USE ONLY						
Pymt # _						
Type	Fee	Late Chg				
Tot Fee _	Dat	e				
Proc by _	Date Re	t				
Notes						