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| <b>OFFICE USE ONLY</b> |
| County _____           |
| Inspector _____        |
| CTI _____              |

# Oklahoma State Board of Cosmetology

2401 NW 23<sup>rd</sup> Street, Suite 84  
 Oklahoma City, OK 73107-2453  
 Shop Department 405.522.7620 • Fax 405.521.2440  
 www.cosmo.state.ok.us

## SALON AFFIDAVIT FOR SHOP NAME OR LOCATION CHANGE

*Important: This affidavit must be signed and notarized if the owner either moves the salon or changes its name. If applicant would like a reprinted license containing the updated information, a \$5 fee must accompany this form.*

*Do not submit this form for a change of ownership! Salon licenses are not transferable from one individual to another. Please contact the Board regarding information and affidavits required for an initial salon license.*

Applicant's Name: \_\_\_\_\_

Current Salon Name: \_\_\_\_\_ File Number: \_\_\_\_\_

Current Address (Street or Box): \_\_\_\_\_

City \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Applicant is filing this Affidavit for  Salon Name Change  Salon Location Change  Both

Effective date of move and/or name change: \_\_\_\_\_

**For Name Change:** New Salon Name: \_\_\_\_\_

**For Address Change:** New Address (Street or Box): \_\_\_\_\_

City \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Salon Telephone: ( ) \_\_\_\_\_ Applicant's Home Telephone: ( ) \_\_\_\_\_

If no street address is available, give specific directions to salon location: \_\_\_\_\_

Circle days salon will be open: Sunday Monday Tuesday Wednesday Thursday Friday Saturday  
 Hours of Operation: \_\_\_\_\_

What services will the salon provide? Check all that apply:  Hair Styling  Nail Services  Facial Services

Is the salon part of the Applicant's home?  Yes  No

• If yes, is salon separated by a door that can be kept closed during working hours?  Yes  No

• If yes, does the salon have a separate entrance?  Yes  No

Is the salon sign prominently displayed?  Yes  No

Are all floors constructed of, or covered with, easily cleaned, hard surface, non-pervious floor covering?  Yes  No

Is the salon located inside, or part of, another business, such as a department store or tanning salon?  Yes  No

• If yes, name of other business: \_\_\_\_\_

Has the salon met all local electrical, plumbing, fire and ventilation code requirements?  Yes  No

## This application must be signed before a Notary Public

*I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.*

(SEAL)

\_\_\_\_\_  
 Signature of Salon Co-Owner, if applicable

\_\_\_\_\_  
 Signature of Applicant

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

My commission expires \_\_\_\_\_

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