OFFICE USE ONLY
County
Inspector
CTI

OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING

2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107
Establishment Department 405.522.7620 • Fax 405.521.2440
www.cosmo.ok.gov

ESTABLISHMENT CLEARANCE

This form is to be completed in the event an establishment owner closes or sells an establishment. If the establishment has been sold, the buyer may submit this form with their Establishment License Application.

THIS FORM MAY NOT BE USED TO TRANSFER A LICENSE!

File #: _____

Establishment Name: _____

Owner's Name: _____

Establishment Address (Street or Box): _____

City: _____ Zip Code: _____ County: _____

This salon has been (check *one*): ☐ Closed ☐ Sold ☐ Rented ☐ Leased

Effective Date : _____

• If establishment has been sold, rented, or leased, provide the following information:

New Owner's Name: _____

Establishment Name: _____

Establishment Address (Street or Box): _____

City: _____ Zip Code: _____ County: _____

_____

Signature of Salon Owner

(If this form is being filed with a new license application, the PREVIOUS owner must sign this form!)