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

MARY FALLIN
GOVERNOR

SHERRY G. LEWELLING
EXECUTIVE DIRECTOR

ESTABLISHMENT LICENSE CHANGE ORDER REQUEST INSTRUCTIONS

The Establishment License Change Order Request is to be used to:

- Notify the Board before moving an establishment.
- Notify the Board that they are changing the name of their establishment.
- Request a change of license type.
- Add a co-owner to their establishment license.

INSTRUCTIONS:

Check the appropriate box at the top of the form for each change being requested. Enter the effective date for these changes. **If the effective date is left blank, the request will be rejected and this form will be returned.**

Under Current License Information, copy the information *exactly* as it appears on your current Establishment license.

For Establishment Name Change: If the establishment name is being changed, enter the **new** name here.

For Establishment Location Change: If the establishment is moving, enter the new address and revised information here. If the establishment is located in a rural area, provide exact directions to the location, including county road number if possible. *The establishment's PHYSICAL address MUST appear on the license!*

If the license is to be mailed to a location other than the establishment, attach a note with this request.

Establishment owners are required to notify the Board of an address change BEFORE the establishment is moved. Failure to do so may result in cancellation of the license, and require a new license application and the assessment of penalties.

The Inspector will receive a copy of this request, and will visit the new location as soon as possible.

For License Type Change: Owners of Nail Establishments and Cosmetic Studios who wish to upgrade their licenses to become Beauty Establishments may do so here. Check the appropriate boxes.

To add a Co-Owner: Enter the co-owner's name and License File number here. If the new co-owner is not licensed with this Board, contact the Establishment Department for further instructions prior to submitting this request.

This request must be notarized. Sign this form in front of a Notary Public and have the Notary affix their seal.

The Board strongly recommends that a $5 fee to reprint the salon license accompany this form. The reprint fee is not required if this request is submitted along with a regular license renewal.

Applicants with questions concerning this form should contact the Establishment Department directly at (405) 522-7620.

OFFICE USE ONLY
County
Inspector
CTI

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R/R	S/S
PVM	

ESTABLISHMENT LICENSE CHANGE ORDER REQUEST

Establishment Owners: Use this form to request changes to your license.
It is strongly recommended that you enclose a $5 fee to have your license reprinted.
Reprint fee not required if this request accompanies your regular license renewal.

This form is being filed to (Check ALL that apply):

☐ **Change Establishment NAME** ☐ **Change Establishment LOCATION** ☐ **Change TYPE of License** ☐ **Add CO-OWNER to License**

EFFECTIVE DATE OF CHANGE (Request will be denied if this is left blank): _____

CURRENT LICENSE INFORMATION (Enter information EXACTLY as it appears on your current license):

Establishment Name: _____

Owner's Name: _____ File Number: _____

Salon Address _____ Suite/Unit Number: _____

City _____ Zip Code: _____ County: _____

Establishment Telephone: ( ) _____ Owner's Home Telephone: ( ) _____

FOR ESTABLISHMENT NAME CHANGE: (LEAVE BLANK IF NOT APPLICABLE)

New Name: _____

FOR ESTABLISHMENT LOCATION CHANGE (LEAVE BLANK IF NOT APPLICABLE):

New Address* _____ Suite/Unit Number: _____

City _____ Zip Code: _____ County: _____

Salon Telephone: ( ) _____ Is salon located at your residence? ☐ Yes ☐ No

* - If no street address is available, give specific directions to salon location. Attach separate sheet if necessary. _____

Days and hours of operation:

SUN	MON	TUE	WED	THU	FRI	SAT

FOR LICENSE TYPE CHANGE LEAVE BLANK IF NOT APPLICABLE):

This establishment is **CURRENTLY** licensed as a: ☐ Beauty Establishment ☐ Barber Establishment ☐ Nail Establishment ☐ Cosmetic Studio

I wish to **CHANGE** this license to a: ☐ Beauty Establishment ☐ Barber Establishment ☐ Nail Establishment ☐ Cosmetic Studio

TO ADD A CO-OWNER (LEAVE BLANK IF NOT APPLICABLE):

Co-Owner's Name: _____ Co-Owner's File Number**: _____

*** - If the co-owner does not have a valid Cosmetology license, contact the Board for instructions before submitting this request.*

I agree that my establishment remains in compliance with both Board rules and regulations, and with all applicable local laws.
I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.

(SEAL)

_____ _____

Signature of Salon Owner *Signature of Salon Co-Owner, ONLY IF ADDED ABOVE*

Subscribed and sworn before me this _____ day of _____. 20 _____ .

State of _____ County of _____

My commission expires _____ Notary Public _____