

<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 73107-2431  
 Shop Department 405.522.7620 • Fax 405.521.2440  
 www.cosmo.state.ok.us

## **SHOP CLEARANCE**

*This form is to be completed in the event a salon owner closes, sells, or transfers ownership of the salon. This form allows the Board to clear the salon on our records.*

File #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Salon Name: \_\_\_\_\_

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

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

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

Date of closing or ownership transfer: \_\_\_\_\_

- If salon has been closed, the closure is (check one):  Permanent  Temporary
- If temporary, approximate date the salon will reopen: \_\_\_\_\_

- If salon has been sold, rented, or leased, provide the following information:

New Owner's Name: \_\_\_\_\_

Salon Name: \_\_\_\_\_

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

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

\_\_\_\_\_  
*Signature of Salon Owner*