



# Oklahoma State Board of Cosmetology

2401 NW 23rd Street, Suite 84  
Oklahoma City, OK 73107-2453  
Salon Department 405.522.7620 • Fax 405.521.2440  
www.cosmo.ok.gov

MARY FALLIN  
GOVERNOR

SHERRY G. LEWELLING  
EXECUTIVE DIRECTOR

## **SALON LICENSE CHANGE ORDER REQUEST INSTRUCTIONS**

The Salon License Change Order Request replaces the Change of Location Affidavit. Salon owners will now use this form to:

- Notify the Board before moving a salon.
- Notify the Board that they are changing the name of their salon.
- Request a change of license type.
- Add a co-owner to their salon 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 denied and this form will be returned.**

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

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

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

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

Salon owners are required to notify the Board of an address change **BEFORE** the salon 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 Salons and Cosmetic Studios who wish to upgrade their licenses to become Full Service Salons may do so here. Check the appropriate boxes.

**To add a Co-Owner:** Enter the co-owner's name and Cosmetology License File number here. If the new co-owner is not licensed with this Board, contact the Shop 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 his/her seal.

The Board strongly recommends that a \$5 fee to reprint the salon license accompanies 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 Shop Department directly at (405) 522-7620.

OFFICE USE ONLY	
County	
Inspector	
CTI	

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OFFICE USE ONLY	
Op Lic Verified	
Ind	Shop
Clearance	
R/R	S/S
PVM	

## SALON LICENSE CHANGE ORDER REQUEST

Salon 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 Salon NAME  Change Salon LOCATION  Change TYPE of Salon License  Add CO-OWNER to License

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

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

Salon Name: \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_ File Number: \_\_\_\_\_  
 Salon Address \_\_\_\_\_ Suite/Unit Number: \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Salon Telephone: ( ) \_\_\_\_\_ Owner's Home Telephone: ( ) \_\_\_\_\_

### FOR SALON NAME CHANGE: (LEAVE BLANK IF NOT APPLICABLE)

New Name: \_\_\_\_\_

### FOR SALON 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.

Circle days salon will be open:      Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

Hours of Operation: \_\_\_\_\_

### FOR LICENSE TYPE CHANGE (LEAVE BLANK IF NOT APPLICABLE):

This salon is **CURRENTLY** licensed as a  Beauty (Full Service) Salon  Nail Salon  Cosmetic Studio  
 I wish to **CHANGE** this license to a  Beauty (Full Service) Salon  Nail Salon  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 salon 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 Co-Owner, ONLY IF ADDED ABOVE

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

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

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

Signature of Salon Owner

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