



Oklahoma State Board of Cosmetology

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BRAD HENRY
GOVERNOR

SHERRY G. LEWELLING
EXECUTIVE DIRECTOR

SHOP INFORMATION UPDATE

Salon owners may use this form to notify the Board of changes in their operating schedules. The Board appreciates every attempt to help keep our records current.

File #: _____

Owner's Name: _____

Salon Name: _____

Salon Address (Street or Box): _____

City: _____ Zip Code: _____ County: _____

If you are open for business on a given day of the week, please check the box and fill in your hours of operation:

Sunday Hours: _____

Monday Hours: _____

Tuesday Hours: _____

Wednesday Hours: _____

Thursday Hours: _____

Friday Hours: _____

Saturday Hours: _____

Signature of Salon Owner