

<b>OFFICE USE ONLY</b>
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!)**