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OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING
ADVISORY BOARD ON MASSAGE THERAPY
2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453
Establishment Department 405.522.7624 · www.cosmo.ok.gov

J. KEVIN STITT
Governor

MALENA CURTSINGER
Executive Director

ESTABLISHMENT LICENSE CHANGE ORDER REQUEST
Establishment owners must use this form to report address changes, and to request other license changes.
Include cashiers check or money order for \$5 license reprint fee payable to OSBCB.
PERSONAL CHECKS ARE NOT ACCEPTED.

EFFECTIVE DATE OF THIS REQUEST: _____ ESTABLISHMENT LICENSE FILE NUMBER: _____

OWNER'S NAME: _____

ESTABLISHMENT NAME: _____

CURRENT ESTABLISHMENT ADDRESS: _____ City/ZIP: _____

COMPLETE ALL SECTIONS THAT APPLY.

THIS ESTABLISHMENT HAS A NEW ADDRESS:

NEW ESTABLISHMENT ADDRESS: _____
If street address is not available, attach specific directions. Suite Number, if applicable. If a Salon Suite, Booth Number is required.

City _____ ZIP Code _____

Is the new address also the owner's residence? Yes No

THIS ESTABLISHMENT HAS A NEW NAME:

NEW NAME: _____

A CHANGE OF LICENSE CLASSIFICATION IS REQUESTED. SELECT ONE ONLY.

Establishment is CURRENTLY licensed as a: Beauty Establishment Barber Establishment Nail Establishment Cosmetic Studio
CHANGE is requested to a: Beauty Establishment Barber Establishment Nail Establishment Cosmetic Studio

UPDATE YOUR DAYS AND HOURS OF OPERATION:

SUN	MON	TUE	WED	THU	FRI	SAT

ESTABLISHMENT TELEPHONE: (____) _____

I solemnly swear that the foregoing statements are true and correct.

X _____
Signature of Establishment Owner

Subscribed and sworn before me this _____ day of _____, 20____.
State of _____ County of _____
Commission # _____
My commission expires _____ Notary Public _____

