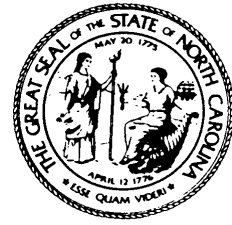


North Carolina Board of Cosmetic Art Examiners
1207 Front Street Suite 110
Raleigh, NC 27609
919-733-4117
www.nccosmeticarts.com



Co-owner/Salon Name/Mailing Address Change/Duplicate Salon License Request Form

(Note: Per regulation 88B-14 (d) A license to operate a cosmetic arts shop shall not be transferable from one location to another or from one owner to another.) Per 88B-23 Licenses to be posted. (b) Every certificate of license to operate a cosmetic art shop or school shall be conspicuously posted in the shop or school for which it is issued. The fee to receive a duplicate license is \$1.00 (G.S. 88B-20(c)) plus \$10 for postage and handling for a total of \$11.00 with a money order or certified bank check preferred. Payment is not required if you would like the changes to be made in our files but a duplicate will not be mailed without the fee.

*Salon File No. _____ Salon License #: S _____

*(**Current**)Name of Salon _____

*Location Address _____

Check only these that apply:

___ The co-owner(s) has/have changed. The following name(s) should be deleted: _____

___ The co-owner(s) has/have changed. The following name(s) should be added: _____
Co-owner's license # or social security/taxpayer ID #: _____

___ The name of the salon has changed. The following is the name of the salon, as of today, that should appear on license file: _____

___ Only the mailing address of the salon license has changed (**PHYSICAL location has not changed**) to: _____

___ Duplicate license request. No changes.

* _____
Owner/Representative (print name)

* _____
Owner/ Representative (signature)

* _____
Date

*Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public _____

(SEAL)

My commission expires _____

* **Required fields**

Updated 8/1/13

Overpayments will be returned for the correct amount due.