



STATE BOARD OF COSMETOLOGY AND BARBER EXAMINERS

500 JAMES ROBERTSON PARKWAY, NASHVILLE, TENNESSEE 37243
(615) 741-2515
Website: tn.gov/commerce/regboards/cosmo.html

File# _____ Xact# _____
For official use only
Fees: Name Change Only:.....\$10.00

Check Type of Barber School Application:

CHANGE NAME

New Name of School _____		Business Phone (____) _____	
Address _____			
Street	City	County	Zip
Email address: _____			
Owner(s): _____		Personal or Corporate _____	
If owner is a corporation or partnership, list names, titles and addresses of officers or partners:			
Name: _____		Address: _____	
Name: _____		Address: _____	
Manager: _____		ID Number _____	
Proposed Days and Hours of Operation: _____			
Senior Instructors:	File ID#	Junior Instructor	File ID#
_____	_____	_____	_____
_____	_____	_____	_____

For Change of Name Only:

Former School Name: _____

New school, change of ownership and change of location must pass initial inspection before opening for business.

This form must be signed

State of Tennessee:

I hereby swear or affirm that the statements on this form are true and accurate to the best of my knowledge and belief.

Signature of Applicant

DIRECTIONS

It is unlawful for any person, firm or corporation to operate a school without conspicuously displaying a valid license. **All requirements stated in Tenn. Code Ann. § 62-3-123 must be met.** Please submit to the Board the following:

1. A completed application, accompanied by the required fee.
2. Supporting document showing new school name. List below shows some acceptable examples:
 - a. Business license
 - b. Proof of ownership with new name.