

State of Florida
Department of Business and Professional Regulation
Board of Cosmetology
Salon Change of Status Transactions
Form # DBPR COSMO 12

TRANSACTION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your form to ensure faster processing.

TRANSACTION	TRANSACTION REQUIREMENTS
Salon Mailing	<input type="checkbox"/> Complete Sections I, II, and IV of this form.
Address Change	<input type="checkbox"/> No Fee.
Close Salon	<input type="checkbox"/> Complete Sections I, III, and IV of this form. <input type="checkbox"/> No fee.

Please mail your completed application, documentation and required fee(s) to:
Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

1. Application Instructions (by section)

a. Section I

- i. Check only the applicable transaction(s) you are seeking.
- ii. Fill out each section completely.

b. Sections II and III

- i. Fill out each section completely, as applicable.

c. Section IV

- i. Please read and sign the affirmation by written declaration.
- ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

2. Other Information

- a. For a salon location address, name or ownership change, a new salon application must be submitted prior to changing locations.

State of Florida
Department of Business and Professional Regulation
Board of Cosmetology
Salon Change of Status Transactions
Form # DBPR COSMO 12

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.
For additional information see the Instructions at the beginning of this application.

Section I – Application Type

CHECK ONE OF THE TRANSACTION TYPES (Use multiple forms if more than one transaction is applicable)	
<input type="checkbox"/> Salon Mailing Address Change [9006] Complete Sections I, II and IV. <input type="checkbox"/> Close Salon [8080] Complete Sections I, III and IV.	
Salon Name:	Salon License Number:
Contact Person Name:	Phone Number:
Contact Person Email:	Salon Email:

Section II – Salon Mailing Address Change

NEW MAILING ADDRESS		
Street Address		
City	State	Zip Code (+4 Optional)
County	Country	
Signature of Authorized Representative		Date
Name of Authorized Representative		

Section III – Close Salon

SALON INFORMATION	
Signature of Authorized Representative	Date
Name of Authorized Representative	



Section IV – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
Signature:	Date:
Print Name:	