OUT OF BUSINESS FORM

Name of Establishment: ________________________________  License No.: __________________

Cosmetology  _____  Barber Shop  _____  Vet. Clinic  _____

Address: ____________________________________________

City: ____________________________________ County: _______ Zip: _______

The above establishment is out of business at this address and may be deleted from Board office files and facility inspection system.

Facts which indicate the establishment is "Out of Business":

_____  1. Building burned/torn down.
_____  2. Equipment removed from the building.
_____  3. Sign indicating permanently closed.
_____  4. Another type business operating at this location.
   (Verify address with office staff)
_____  5. Other ________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

If the above establishment has changed ownership or name and is in operation at this address, please list the following:

Name of New Establishment: ________________________________  Phone Number: (_____)_____

Address: ________________________________________________

Name of New Owner: __________________________________________

Facility License Number: _______________________________________

If "New Owner" has not applied for a new permit or license, initiate a complaint and submit a final written report.

Investigator/Inspector Signature: __________________________     Date: __________

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