

## Important Information for Shop Applicants:

- Complete the shop application, change of location application, or change of ownership application completely. Do not leave any information fields blank.
- Board office does not schedule appointments. They are done in the order they are received directly by the field inspector.
- Field inspectors will reach the applicant. Do not call the field inspector or board staff to try and expedite the process. This only delays inspections for everyone.
- Include the Verification Eligibility form for each owner. It is a mandatory requirement (unless the shop is incorporated or an LLC).
- Once an accurate application and verification form (s) are received in the office, they are scanned to the field inspector.
- Incomplete applications are NOT ready for inspection.
- All shop owners and managers are expected to know and adhere to the Rules and Laws and have them available to everyone working in the shop.



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE & INSURANCE

**STATE BOARD OF COSMETOLOGY AND BARBER EXAMINERS**

500 JAMES ROBERTSON PARKWAY

NASHVILLE, TENNESSEE 37243

(615) 741-2515 Fax: (615) 741-1310

Website: <http://www.tn.gov/commerce/boards/cosmo/>

**Profession: 1302**

**Step 1**

Select ONE Type of Shop Application Request:

Changes:

Name Change Only - 8040

**Fees:**

Name Change Only:.....\$10.00

**\*Shop license will expire two (2) years  
from original license approval date**

**Step 2** COMPLETE ALL INFORMATION REQUESTED BELOW AND LICENSE NUMBER: # \_\_\_\_\_

**Current or New Salon/Shop Address**

Street

City

County

Zip

\*Future inspection grade sheets and Board correspondence will be sent to your email address unless you specify otherwise.

**\*Email:** \_\_\_\_\_

**Manager:** \_\_\_\_\_

License ID Number \_\_\_\_\_ Expiration \_\_\_\_\_

**Step 3: For Change of Name Only:**

Former Shop Name: \_\_\_\_\_

**New shops, 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.

***ALL: Step 4***

\_\_\_\_\_  
Signature of Applicant