

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: 1602

Step 1

Select ONE Type of Shop Application Request:

Changes:

Name Change Only - 8040

<p>Fees:</p> <p>Name Change Only:.....\$10.00</p> <p>*Shop license will expire two (2) years from original license approval date</p>
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Step 2 COMPLETE ALL INFORMATION REQUESTED BELOW AND LICENSE NUMBER: # _____

Salon/Shop Name _____		Business Phone (____) _____	
Current or New Salon/Shop Address			
Street _____	City _____	County _____	Zip _____
Date Shop will be <i>Ready</i> for Inspection _____		*Email Address: _____	
*Future inspection grade sheets and Board correspondence will be sent to your email address unless you specify otherwise.			
Business Owner(s): _____			
Address _____		City _____	Zip _____
Home Phone (____) _____		*Email: _____	
Manager: _____			
Address _____		City _____	Zip _____
Home Phone (____) _____		Cell Phone (____) _____	
License ID Number _____		Expiration of License _____	

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