



KANSAS BOARD OF COSMETOLOGY
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FACILITY NAME AND/OR OWNER CHANGE

Please complete the application, sign and forward to the Board office at the address listed above.

Ownership Type
<p><u>Business Entity (Select One)</u></p> <p>_____ 1). Limited Liability Company (LLC) _____ 2). Partnership _____ 3). Corporation _____ 4). S Corporation _____ 5). Sole Proprietorship</p>

FACILITY NAME CHANGE	
<p>Facility License No: _____</p> <p>New Facility Name: _____</p> <p>Old Facility Name: _____</p> <p>Facility Address: _____</p> <p>Current Facility Contact Email: _____</p> <p>Current Facility Contact Phone: _____</p>	<p><u>Ownership Type 1-4 Only:</u></p> <p>Officer Name: _____ FEIN: _____</p> <p>Officer Signature: _____</p> <p><u>Ownership Type 5 Only:</u></p> <p>Owner Name: _____ SS#: _____</p> <p>Owner Signature: _____</p>

FACILITY OWNER CHANGE (Select One)			
<p>A complete change of ownership requires a new establishment application. You may update the ownership without making a new application if you fall within one of the below categories.</p>			
<p>___ 1). The ownership information needs to be updated from being under individual name(s) and SS# (s) to a Business Entity and FEIN. A). Provide the information below, and submit the W-9 for your business with this signed form. All current owners must sign the form to make the change.</p>	<p>___ 2). The ownership information needs to be updated from a Business Entity and FEIN to a Sole Proprietorship and SS#. A). You must complete the fields below and submit the signed form to the Board. All officers of the entity must sign the form to make the change.</p>		
<p>New Owner Entity Name: _____</p> <p>New Entity FEIN#: _____</p>	<p>Old Owner Name: _____</p> <p>Old Owner SS#: _____</p>	<p>New Owner Name: _____</p> <p>New Owner SS#: _____</p>	<p>Old Owner Entity Name: _____</p> <p>Old Owner Entity FEIN#: _____</p>

Ownership moving from one business entity and FEIN to another business entity and FEIN or from one sole proprietorship and SS# to another sole proprietorship and SS# is considered a complete ownership change and requires the submission of a new establishment application under the new ownership.

ATTESTATION:			
I declare under penalty of perjury under the laws of the State of Kansas that the information provided on this form is true and correct.			
_____ Signature (Type or Sign)	_____ Date	_____ Signature (Type or Sign)	_____ Date
_____ Signature (Type or Sign)	_____ Date	_____ Signature (Type or Sign)	_____ Date
<p>* All owners listed on the license must sign form to complete a facility name or ownership change.</p>			
<p>USE THE DUPLICATE FACILITY LICENSE FORM TO ORDER A NEW LICENSE WITH THE UPDATED INFORMATION</p>			

Save your completed form and email it to angela.stockdale@ks.gov