



KANSAS BOARD OF COSMETOLOGY
 714 SW Jackson, Suite 100 • Topeka, KS 66603
 Telephone: (785) 296-3155 • Fax: (785) 296-3002
 E-mail: Kboc@ks.gov • Website: www.kansas.gov/kboc

FACILITY NAME AND/OR OWNER CHANGE

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

Ownership Type

Business Entity (Select One)

_____ 1). Limited Liability Company (LLC) _____ 2). Partnership _____ 3). Corporation _____ 4). S Corporation _____ 5). Sole Proprietorship

FACILITY NAME CHANGE

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

FACILITY OWNER CHANGE (Select One)

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 following categories.

_____ 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.**

_____ 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.**

New Owner Entity Name: _____	Old Owner Name: _____
New Entity FEIN#: _____	Old Owner SS#: _____

New Owner Name: _____	Old Owner Entity Name: _____
New Owner SS#: _____	Old Owner Entity FEIN#: _____

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.

Duplicate License Fee Payment \$25 A DUPLICATE ESTABLISHMENT LICENSE AND APPLICABLE FEE ARE REQUIRED FOR ALL ESTABLISHMENT LICENSE NAME, OWNER, AND OWNER NAME CHANGES **OUTSIDE OF RENEWAL** FOR EACH LICENSE UPDATED.

<p>Credit Card Payment \$25</p> 1). Go to the Board website: www.kansas.gov/kboc 2). Select Payment Portal from the Top Menu Bar 3). Transaction Item = Duplicate License Fee 4). Order ID # _____ <small>Record your Order ID # from your emailed receipt above</small>	<p>A duplicate license and fee are not needed when requesting an update for the establishment license name, owner, and owner name changes during renewal.</p>	<p>Check or Money Order Payment \$25</p> 1). Complete this form 2). Make Check or Money Order Payable to the Kansas Board of Cosmetology 3). Mail form and payment to the Board office at the address provided above.
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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

* All owners listed on the license must sign form to complete a facility name or ownership change.