



Board of Cosmetology

Sam Brownback, Governor

# AFFIDAVIT OF CHANGE OF ESTABLISHMENT TENANCY / NEW APPLICANT

I, \_\_\_\_\_, the current owner, landlord or manager of  
(building owner/landlord/manager)

\_\_\_\_\_ acknowledge and am aware that  
(establishment name)

\_\_\_\_\_ is making application for an establishment license regarding  
(new applicant / tenant)

\_\_\_\_\_.  
(location – address, city, state, zip)

I hereby declare that \_\_\_\_\_ has been evicted from or has  
(previous tenant)

vacated the establishment, is no longer a tenant of this property and has no right to occupy the premises.

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

## VERIFICATION

I, \_\_\_\_\_, of lawful age, being duly sworn upon his/her oath, subscribe and affirm:  
That he/she is the below-named Affiant; that he/she has read the above and foregoing Affidavit, knows and  
understands the contents thereof, and states that the statement and allegations contained therein are true and  
correct.

State of \_\_\_\_\_)

County of \_\_\_\_\_)

SIGNED AND SWORN TO before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by

\_\_\_\_\_  
Building Owner/Landlord/Manager (AFFIANT)

\_\_\_\_\_  
Signature of notary public

My appointment expires: \_\_\_\_\_