



FACILITY NAME AND/OR OWNER CHANGE .

You must include copies of your U.S. government issued photo ID and social security card or signed W-9 for this request.
The name on the ID and social security card must match.

Ownership Type Business Entity (Select One)

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

FACILITY NAME CHANGE

Please be advised, the Board does not have the authority to dictate what business name you use for your licensure. Choosing a name that implies services outside the scope of your licensure or that is subject to copyright could result in litigation. Additionally, such use could be interpreted as misleading and/or deceptive and could result in discipline. If you have further questions or concerns about choosing a business name, please seek counsel from a licensed attorney.

Facility License No: _____ New Facility Name: _____ Old Facility Name: _____ Facility Address: _____ Current Facility Contact Email: _____ Current Facility Contact Phone: _____	Ownership Type 1-4 Only: Officer Name: _____ FEIN: _____ Officer Signature: _____ <u>Must include signed W-9</u> Ownership Type 5 Only: Owner Name: _____ *SS#: _____ Owner Signature: _____ <u>Must include social security card</u>
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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.

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| <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> |
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<table border="1" style="width:100%"> <tr> <td style="width:50%">New Owner Entity Name: _____</td> <td style="width:50%">Old Owner Name: _____</td> </tr> <tr> <td>New Entity FEIN#: _____</td> <td>Old Owner *SS#: _____</td> </tr> </table>	New Owner Entity Name: _____	Old Owner Name: _____	New Entity FEIN#: _____	Old Owner *SS#: _____	<table border="1" style="width:100%"> <tr> <td style="width:50%">New Owner Name: _____</td> <td style="width:50%">Old Owner Entity Name: _____</td> </tr> <tr> <td>New Owner *SS#: _____</td> <td>Old Owner Entity FEIN#: _____</td> </tr> </table>	New Owner Name: _____	Old Owner Entity Name: _____	New Owner *SS#: _____	Old Owner Entity FEIN#: _____
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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.

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| Credit Card Payment \$25
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> | A duplicate license and fee are not needed when requesting an update for the establishment license name, owner, and owner name changes during renewal. | Check or Money Order Payment \$25
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:** ** All owners listed on the license must sign form to complete a facility name or ownership change.

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 Required _____	Date _____	Signature Required _____	Date _____
Signature Required _____	Date _____	Signature Required _____	Date _____

* Disclosure is mandatory for licensure and authorized by K.S.A. 74-148 and K.S.A. 74-139. It is used to verify identity and license individuals lawfully residing in the U.S. Upon request of the director of taxation, each such authority shall provide to the director of taxation a listing of all such applicants, along with such applicant's social security number and address.