



**Kansas Board of Cosmetology**  
 714 SW Jackson Suite 100 Topeka, KS 66603  
 Telephone: (785) 296-3155 Fax: (785) 296-3002  
 Email: [Kboc@ks.gov](mailto:Kboc@ks.gov) Website: [www.kansas.gov/kboc](http://www.kansas.gov/kboc)

**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: _____	<b>Ownership Type 1-4 Only:</b> Officer Name: _____ FEIN: _____ Officer Signature: _____ <u>Must include signed W-9</u>  <b>Ownership Type 5 Only:</b> 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.

<b>1). The ownership information needs to be updated from being under individual name(s) and SS# (s) to a Business Entity and FEIN.</b> A). Provide the information below, and submit the W-9 for your business with this signed form. <b>All current owners must sign the form to make the change.</b>	<b>2). The ownership information needs to be updated from a Business Entity and FEIN to a Sole Proprietorship and SS#.</b> A). You must complete the fields below and submit the signed form to the Board. <b>All officers of the entity must sign the form to make the change.</b>
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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 *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.

<b>Credit Card Payment \$25</b> 1). Go to the Board website: <a href="http://www.kansas.gov/kboc">www.kansas.gov/kboc</a> 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>	<b>A duplicate license and fee are not needed when requesting an update for the establishment license name, owner, and owner name changes during renewal.</b>	<b>Check or Money Order Payment \$25</b> 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.