



**DEPARTMENT OF CONSUMER AFFAIRS • BOARD OF BARBERING AND COSMETOLOGY** P.O. Box 944226, Sacramento, CA 94244-2260

Phone: (800) 952-5210 Email: <a href="mailto:barbercosmo@dca.ca.gov">barbercosmo@dca.ca.gov</a>

Website: www.barbercosmo.ca.gov



## REQUEST FOR CLOSURE OF AN ESTABLISHMENT LICENSE

establishment to another individual. If you are selling your establishment, the new owner must apply for a new establishment license by submitting an Application for Establishment License and Initial License Fee.			
SECTION A: ESTABLISHMENT INFORMATION			
License Number			
Name of Establishment		Telephone Number	
Establishment Address	City	State	Zip Code
Name of Owner/Corporation			
Address	City	State	Zip Code
I sold this business to			
Effective: Month Day Year			
I closed this business			
Effective on: Month Day Year			
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
XSignature of Licensee		Date	