

Salon Closure Notification Form

Complete this form if you have closed, or intend to close, your salon permanently.
Attach your salon license certificate to the form and submit it to the Board office by mail or in person.

8/2017

Salon Legal Name <i>name of sole proprietor, LLC, corporation, etc.</i>	Salon DBA Name <i>if different from legal name</i>
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Affix Salon License Certificate Here 

Salon License Number	Date of Closure <i>mm/dd/yyyy</i>
Salon Address	Owner Name <i>name of individual signing below</i>
	Owner Phone Number

I certify that this salon is closing permanently, and the salon license is therefore surrendered to the Minnesota Board of Cosmetology. I recognize that the salon cannot operate past the Date of Closure listed above.

Owner Signature: _____ Date: _____ 

For Board Office Use Only	Processor:	Date:
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