

School Name Change Form

*This form is used to report a change to a school's legal name and/or assumed (DBA) name.
All school name changes must be reported to the Board within 60 days of the effective date of the change.
Submit a completed form, fee payment, and name change documentation by mail or in person to the address above.*

IMPORTANT: This form cannot be used to report a change of ownership or change of location.
If a school has changed ownership or location, the school must apply for a new license using the Initial School License Application in accordance with Minnesota Rule Chapter 2110.0320.

Prepare Required Enclosures:

Enclosure 1: \$20 Name Change Fee

- Enclose a check or money order payable to Board of Cosmetology, or exact cash*.
- Fee includes an updated license certificate reflecting the new name.

**Mailing of cash is discouraged.*

Enclosure 2: Name Change Documentation

- Attach legal documentation of the name change, including all documents the school business is required to file with the Secretary of State for the name change.
- Check all that apply and are enclosed with this form:

Amended Certificate of Incorporation/Organization
Amended Certificate of Assumed Name
Business Organization Documents

Other: _____

Provide School Information:

2/2021

Previous School Legal Name <i>(only if this name has changed)</i> <i>e.g. Name of the corporation, LLC, LLP</i>	Current School Legal Name <i>e.g. Name of the corporation, LLC, LLP - Must match attached name change documentation</i>
Previous School Assumed (DBA) Name <i>(only if this name has changed)</i> <i>DBA = Doing Business As</i>	Current School Assumed (DBA) Name <i>DBA = Doing Business As</i>
Minnesota State Tax ID Number <i>SSN or ITIN only accepted for sole proprietors</i>	School License Number <i>Current license number as shown on the school's license certificate</i>
School Street Address	School City, State, Zip
School Phone Number	School Email Address
School Owner or Designated School Manager Name <i>First and last name of individual completing this form</i>	School Owner or Designated School Manager Contact Information <i>Phone number <u>and</u> email address</i>

Complete Owner or Designated School Manager Certification:

"As an owner or as the Designated School Manager of the school listed above on this form, I state that the information provided on and with this form is true and correct to the best of my knowledge. Further, I attest that the school's ownership or location has not changed from the name and address associated with the school's current license."

Printed Name: _____ Signature: _____ Date: _____
First and last name *Electronic Signatures Accepted* *mm/dd/yyyy Format*

For Board Office Use Only	Amount:	C/MO/R#:	Processor:	Date:
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