

## Barber Shop Closure Notification Form

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

5/2024

Barber Shop Legal Name: <small>name of sole proprietor, LLC, corporation, etc.</small>	Barber Shop DBA Name: <small>if different from legal name</small>
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**Affix Barber Shop License Card Here**

Barber Shop License Number:	Date of Closure: <small>mm/dd/yyyy</small>
Barber Shop Address:	Owner Name: <small>name of individual signing below</small>
	Owner Phone Number:

I certify that this barber shop is closing permanently, and the barber shop license is therefore surrendered to the Minnesota Board of Barber Examiners. I recognize that the barber shop cannot operate past the date of closure listed above.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_