

DEPARTMENT OF COMMERCE AND INSURANCE
 TENNESSEE STATE BOARD OF BARBER EXAMINERS
 500 JAMES ROBERTSON PARKWAY
 FIRST FLOOR
 NASHVILLE, TENNESSEE 37243-1148
 (615) 741-2294



UNASSIGNED
 NUMBER

**APPLICATION FOR
 BARBER
 SHOP LICENSE**

Fees: New Shop — \$150.00
 Change of Ownership — \$150.00
 Change of Location — \$150.00
 Change of Name Only — \$10.00

Shop Name _____ Shop Phone (_____)
Area Code

Address _____
Street City County Zip

Date Shop will be Ready for Inspection _____

Owner(s) _____
Name(s) Home Phone Number with Area Code

Address of Owner(s) _____

Manager _____
Name Home Phone Number with Area Code ID Number

Change of Ownership _____
Former Owner(s) Former ID Number

Change of Location _____
Former Address of Shop Former ID Number

Change of Name _____
Former Name of Shop Former ID Number

**NEW SHOP AND CHANGE OF LOCATION MUST PASS INITIAL INSPECTION
 BEFORE OPENING FOR BUSINESS.**

THIS FORM MUST BE SIGNED AND NOTARIZED BELOW

STATE OF TENNESSEE — ss:

I hereby swear or affirm that the statements on this form are true and accurate to the best of my knowledge and belief.

 Signature of Applicant

Subscribed in my presence and sworn to before me, this _____ day of _____ 19____

 My Commission Expires

Notary Public

SHOP LICENSE WILL EXPIRE
 TWO (2) YEARS FROM ORIGINAL
 INSPECTION DATE

 INSPECTOR

 DATE ASSIGNED

T N B O A R D	ID NUMBER					
XACT NUMBER						