



**APPLICATION FOR SCHOOL CHANGE OF NAME  
GEORGIA STATE BOARD OF COSMETOLOGY AND BARBERS  
237 Coliseum Drive • Macon, Georgia 31217 • (404) 424-9966  
<https://sos.ga.gov/georgia-state-board-cosmetology-and-barbers>**

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Cosmetology/Hair Design/Nail Technology/Esthetics/Master Barber/Barber II in the State of Georgia.

Visit our website for tutorial videos: <https://sos.ga.gov/search?type=video&board=Cosmetology%20and%20Barbers>

**\*\*\* IMPORTANT \*\*\***

The Board **CANNOT** process incomplete applications. If ANY item is missing, incomplete, or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after 60 days. Furthermore, because application information is time sensitive, documents cannot be transferred from an old application to a new application.

**NAME CHANGE CHECKLIST**

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application. We recommend you keep a copy of your application for your records.

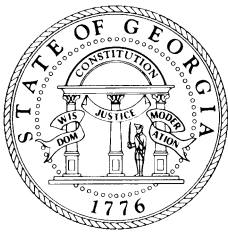
- NON-REFUNDABLE FEE: \$100.00:** Payment must be submitted by check or money order payable to the Georgia State Board of Cosmetology and Barbers. **Processing fee of \$10 shall be included in addition to the application fee.** DO NOT SEND CASH OR COUNTER CHECKS. Checks returned for insufficient funds are subject to a \$30.00 service charge pursuant to O.C.G.A. §16-9-20. **NOTE: Change of Ownership requires a new application and Bill of Sale/Lease to be submitted along with the required fees.**
- SECURE AND VERIFIABLE DOCUMENT (SVD) –** Enclosed is a copy of my Driver's License, Passport, or other document **OR a copy of my current immigration document(s)** which includes either my Alien number or I-94 number and SEVIS number if needed. **Secure and Verifiable Documents Under O.C.G.A. § 50-36-2 issued August 1, 2011 by the Office of the Attorney General, Georgia:** The list of secure and verifiable documents, published under the authority of The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") on the Department of Law's website pursuant to O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address: <https://sos.ga.gov/page/secure-and-verifiable-documents>
- PROCESSING TIME:** Please allow at least 15 business days (does not include weekends or holidays) for processing of applications. If a deficiency letter is received, please allow 15 business days for processing after submission of your deficiency items.
- SUBMIT APPLICATION IN A 9X12 or LARGER ENVELOPE – – DO NOT STAPLE** pages or check/money order. Do not fold pages of the application. Make check/money order payable to Georgia State Board of Cosmetology and Barbers submit to 237 Coliseum Drive, Macon, GA 31217. We recommend using US Mail or private courier (UPS, FedEx, etc.) with tracking. Keep a copy of your application for your records.

**CHANGE OF NAME APPLICATION FOR SCHOOL**

- Please be aware that a school license is NOT the same as a business license. **Please contact the city or county in which you are establishing your school to obtain a business license.**

- In order to open a school you must have the actual license issued by the Georgia Board of Cosmetology and Barbers and the registration must be displayed in a conspicuous place in the school. A copy of the application and proof of payment sent will not be viewed as an acceptable substitute for a school license. Licenses may be printed from the Board website.
- **School Change of Name** requires a change of name application be submitted to the Board office with the required \$100.00 fee. **Change of Ownership or Location** requires a new application be submitted to the Board office with the required \$300.00 fee and issuance of a new license number. **YOU MUST INCLUDE A COPY OF YOUR BILL OF SALE/LEASE.**

**DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION**



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Date Entered _____
Receipt # _____
Submitted \$ _____

**APPLICATION FOR SCHOOL CHANGE OF NAME**

**\$100 Application Fee + \$10 Processing Fee**

(Fees are Non-refundable)

**For Active Licenses Only – If Changing Ownership DO NOT Submit This Application**

\* **Current Business Name of School** (as it currently appears on license):

\_\_\_\_\_

\* **Current School License Number** (as it appears on license): \_\_\_\_\_

\* **New Business Name of School** (as desired on license):

\_\_\_\_\_

\* **Federal Employee Identification Number or Social Security Number** \_\_\_\_\_

\*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 AND O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 101.

**MAILING ADDRESS – This is the address where the Owner will receive mail from the Board:**

\_\_\_\_\_  
P.O. Box OR Number and Street                      Apt. No.                      City/State                      Zip Code

**NEW STREET ADDRESS WHERE SCHOOL IS LOCATED – This address is assigned to your license:**

\_\_\_\_\_  
(NO P.O. Box)    Number and STREET NAME                      **Suite Number**                      City/State                      Zip Code

*If you are granted a license, your name, address and license number becomes public information and will be posted on the Secretary of State's website. The mailing address is used for renewal notices and application processing.*

**TELEPHONE**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
School Telephone Number                      Cell Telephone Number                      Evening Phone Number

**EMAIL**

**(Please print clearly)** Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most

efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any email address change. Your email address will not be shared with any third party.

**Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).**

**OWNER INFORMATION PAGE (Complete for each owner of the school)**

**Owner 1** \_\_\_\_\_  
(PLEASE PRINT) First Middle Last

**Personal Address**

\_\_\_\_\_  
*P.O. Box not acceptable-* Number and Street Apt. No. City/State Zip

**Mailing Address** \_\_\_\_\_  
(if different) Number and Street Apt. No. City/State Zip

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**If you hold a license issued by the Professional Licensing Boards, what is the license number(s)?**

\_\_\_\_\_

**Do you own another school, salon(s) or shop(s)?** \_\_\_\_ Yes \_\_\_\_ No

**If so, what is the name of the school, salon(s) and the license number(s)?**

\_\_\_\_\_

**Do you plan to continue operating this school that was previously licensed?** \_\_\_\_ Yes \_\_\_\_ No

\*\*\*\*\*

**Owner 2** \_\_\_\_\_  
(PLEASE PRINT) First Middle Last

**Personal Address**

\_\_\_\_\_  
*P.O. Box not acceptable-* Number and Street Apt. No. City/State Zip

**Mailing Address** \_\_\_\_\_  
(if different) Number and Street Apt. No. City/State Zip

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**If you hold a license issued by the Professional Licensing Boards, what is the license number(s)?**

\_\_\_\_\_

**Do you own another school, salon(s) or shop(s)?** \_\_\_\_ Yes \_\_\_\_ No

**If so, what is the name of the school, salon(s) and the license number(s)?**

\_\_\_\_\_

**Do you plan to continue operating this school that was previously licensed?** \_\_\_\_ Yes \_\_\_\_ No

**NOTE: If additional owner pages are needed, copy this page and attach to the application.**