Colorado Division of Registrations
**Office of Licensing–Barber/Cosmetology**
(303) 894-7772 / (303) 894-7693 FAX
www.dora.state.co.us/registrations

Change of Business Name or Address
**BARBER/COSMETOLOGY BUSINESS**
Name or Address Change: **No fee**
Duplicate Registration Card: **$5**

**To change the name or address of your business, you must:**

- Complete this form.
- Attach the appropriate fee (if applicable). Fees may be paid by a check or money order drawn in U.S. dollars and made payable to *State of Colorado.* All fees are non-refundable and subject to change every July 1.
- Return the completed form, any required documentation, and the reinstatement fee to: Division of Registrations, Office of Licensing, 1560 Broadway, Suite 1350, Denver, Colorado, 80202.

**The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.**

☐ **Change of Business Name** – No fee required

- Previous Business Name: _____
- Registration Number: _____

☐ **Change of Business Address** – No fee required

- Previous Business Address: _____

☐ **Duplicate Registration Card Request** – Fee of **$5** is attached

- Check this box if you have had a change of business name and/or address and wish to order a new registration card. You should receive a new card reflecting the updated information within two (2) weeks. **You are not required to obtain a new registration card when you change your name or address. This is strictly your choice.** During your next renewal, the renewal notice and registration card will automatically print with the new business name and/or address.

1. Registration Number: _____
2. Business Name: _____
3. Federal Employer Identification Number (FEIN), *if applicable*: _____
4. Business Type: ☐ Fixed establishment ☐ Temporary establishment ☐ Mobile unit ☐ School
5. Services Provided: ☐ Barbering ☐ Cosmetology ☐ Esthetician ☐ Manicuring ☐ Hairstyling
6. Business Address: _____
   Street & Number City State Zip Code

   Business Telephone: _____ Business E-mail Address: _____
7. Owner(s) Name: _____
   *Owner must be the responsible individual for the shop, not a company.*

   Owner License Number(s), *if applicable*: _____
8. Owner Address: _____
   Street & Number City State Zip Code

   Owner Telephone: _____ Owner E-mail Address: _____

**I state under penalty of perjury in the second degree, as defined in section 18-8-503, Colorado Revised Statutes, that the information contained in this application, to the best of my knowledge, is true and correct.**

_____
Signature of Applicant Date

***License Expiration Grace Period for New Applicants.*** *All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between August 1, 2007 and November 30, 2007 will reflect a license expiration date of November 30, 2009. Licenses issued prior to August 1, 2007 will reflect an expiration date of November 30, 2007 and must renew in the upcoming renewal period.*