



**North Carolina Board of Barber Examiners
CHANGE OF MANAGERS FOR BARBER SHOP**

7001 Mail Service Center, Raleigh, North Carolina 27699-7000
Phone (919) 814-0640 • Fax (919) 981-5068
barbers.nc.gov • barberboard@nc.gov

STOP! PLEASE READ BEFORE YOU BEGIN!

- There is NO FEE for this form
- You must file this form within 30 days of a change in barber-shop managers
- Please be sure to have the form notarized and make sure it's legible
- Send the completed form to the address or email listed above
- If you have any questions, please contact us

SHOP INFORMATION

1. Current name of barber shop. Please provide the name of the barber shop.

2. New name of barber shop. If you are changing the name of the barber shop, please provide the new name. (If you aren't changing the name, leave this field blank.)

3. Shop license number. _____

4. Shop mailing address. Please indicate the current mailing address for the shop. If you have a change in physical address, please complete a new shop application form (available on our website or by calling our office).

Address: _____

City: _____ State: _____ ZIP: _____

5. Other contact information. We encourage you to provide up-to-date telephone, fax, or email information, if available.

Phone: _____ Fax: _____

Email: _____

REGISTERED BARBER MANAGER

6. New manager. Please indicate the name and license number of the person who will be the new manager. This individual must be a registered barber with a current license from our board.

Last name: _____ First name: _____ MI: _____

License number: _____

Address: _____

City: _____ State: _____ ZIP: _____

7. Does the new manager currently manage another shop? [] Yes [] No

8. If you answered "Yes" to question 7, please indicate the shop name and address:

9. Old manager's name and license number. Please indicate the name and license number of the former manager (if the change has already occurred) or the current manager who will be replaced.

Last name: _____ First name: _____ MI: _____

License number: _____

10. Was this barber shop closed when you submitted this application? [] Yes [] No

11. If you answered "Yes" to question 10, please indicate closing date. _____

I, _____, the registered barber, declare that I shall have full control of the operation of the barber shop and will be fully responsible for the shop operations, I will comply with all laws regulating barber shops and barbers, and I will notify the Board of Barber Examiners and return the shop permit if I no longer manage the shop.

Manager signature: _____

STATE OF NORTH CAROLINA

County of _____ Notary signature: _____

Subscribed and sworn to before me this _____ day of _____

My commission expires on: _____