Montana Board of Barbers & Cosmetologists  
PO Box 200513  
Helena, MT 59620-0513  
Phone: 406-444-6880  
Email: dlibsdhelp@mt.gov  
Website: www.cosmetology.mt.gov

CHANGE OF NAME, OWNERSHIP, AND/OR CLOSURE FORM

**Instructions**

Salons, shops, mobile salons or shops, and schools must notify the department within ten days of any of the following changes per ARM 24.121.412:

- change of business name;
- current owner is closing the facility/business; or
- there is a change of ownership

*Note: When there is a change in ownership the license issued to the previous owner is void. The new owner must apply for a license under board laws. Change in ownership is defined as: “…when more than 50 percent of the equitable ownership of a salon, shop, mobile salon or shop, or school is transferred to one or more persons or any other legal entity, in a single transaction or in a related series of transactions.”* Online applications are found at [https://ebiz.mt.gov/POL/Default.aspx](https://ebiz.mt.gov/POL/Default.aspx).

E-mail this form to dlibsdhelp@mt.gov or upload it directly to your license record by logging into your eBiz account.

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**Section 1 – Owner and Facility Information**

1. Owner Name(s): ____________________________________________________________

2. Business Name: ____________________________________________________________

4. Business Physical Address: ________________________________________________

5. Business Address: _________________________________________________________

*“Mailing address, if different than physical address”*

6. Business/Owner Email Address: _________________________ 7. Telephone: ________________

8. License Number: ________________________________

**Section 2 – Change of Business Name**

*Fill out this section only if you are changing the name of your business.

9. New Name of Business: ____________________________________________________

**Section 3 – Closure or Change of Ownership**

*Fill out this section only if you are closing the business or you are selling over 50% of the business which is a change of ownership. The new owner will need to submit an application for licensure to operate and cannot operate under the license you held.*

10. Date of Closure or Change of Ownership: ________________

**Section 4 – Declaration**

I, the owner of this salon, shop, mobile salon or shop, or school as described in Section 1, declare that the changes as described in this form are true.

__________________________________ ____________________________
Legal Signature of Owner Date

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