

State of Florida
Department of Business and Professional Regulation
Florida Barbers' Board
Barbershop Change of Status Transactions
Form # DBPR BAR 10

TRANSACTION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your form to ensure faster processing.

TRANSACTION	TRANSACTION REQUIREMENTS
Barbershop Mailing Address Change	<input type="checkbox"/> Complete Sections I, II and IV of this form. <input type="checkbox"/> No fee.
Close Barbershop	<input type="checkbox"/> Complete Sections I, III and IV of this form. <input type="checkbox"/> No fee.

Please mail your completed application, documentation and required fee(s) to:
 Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783

Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

1. Application Instructions (by section)

- a. Section I
 - i. Check only the applicable transaction(s) you are seeking.
- b. Sections II and III
 - i. Fill out each section completely, as applicable.
- c. Section IV
 - i. Please read and sign the affirmation by written declaration.
 - ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

2. Other Information

- a. For a barbershop location address, name or ownership change, a new barbershop application must be submitted prior to changing locations.

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For additional information see the Instructions at the beginning of this application.

Section I – Application Type

CHECK ONE OF THE TRANSACTION TYPES (Use multiple forms if more than one transaction is applicable)	
<input type="checkbox"/> Barbershop Mailing Address Change [9006] Complete Sections I, II and IV. <input type="checkbox"/> Close Barbershop [8080] Complete Sections I, III and IV.	
Contact Name:	
Email Address:	Phone Number:

Section II – Barbershop Mailing Address Change

LICENSEE INFORMATION		
Barbershop Name	Barbershop License Number	
NEW MAILING ADDRESS		
Street Address		
City	State	Zip Code (+4 Optional)
County	Country	
Signature of Authorized Representative		Date
Print Name of Authorized Representative		

Section III – Close Barbershop

BARBERSHOP INFORMATION	
Barbershop Name	Barbershop License Number
Signature of Authorized Representative	Date
Print Name of Authorized Representative	



Section IV – Affirmation By Written Declaration**AFFIRMATION BY WRITTEN DECLARATION**

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Signature

Date

Print Name