FOR DIVISION USE ONLY

Board of Barbers and Hairdressers

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfBarbersHairdressers@Alaska.Gov Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers	Change of Location Address for Shops	
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Email: BoardOfBarbersHairdressers@Alaska.Gov	Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers	
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Please complete this form showing your old and new location addresses. **Emailed applications will not be accepted.** Submit the following with this completed form for approval of the location change:

- Inspection report from the DEC, if you are providing tattoo/permanent cosmetic coloring or body piercing services.
- Certification of Compliance with 18 AAC 23 (form #08-4546a) and/or an inspection report issued by the Municipality of Anchorage.
- \$5.00 fee made payable to "State of Alaska" in accordance with 12 AAC 02.140.

PART I Payı	ment of Fees					
Required Fees:	Change of I	Location Address I	Fee			\$5.00
PART II Sho	p Information	n				
Shop Owner Name:						
Business Name: (DBA)						
Shop Owner License Number:			Ph	one Number:		
OLD Location Address:	Street		City		State	Zip
NEW Location Address:	Street		City		State	Zip
Is this also a mailing a	ddress change?	Yes	☐ No			
Inspection report atta	iched?	Yes	☐ No			
PART III Sign	nature					
Licensee Printed Name:				New Loca Effective		
Licensee Signature:				Date Sign	ned:	



of ALASKA

Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

Board of Barbers and Hairdressers

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Certification of Compliance with 18 AAC 23

For shops not providing tattooing, body piercing, or permanent cosmetic coloring. This form must be completed to show compliance with 18 AAC 23 and 12 AAC 09.110(a)(7). If the owner is a partnership, all partners must sign the form.

Applicant #1 Signature: Notary Stamp Applicant #1 Printed Name: Applicant #1 Signature: Notary Signature: Street City State Zip State State State State State State State State Zip State State State State State State State State State Zip State St		ast	First		Middle
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Notary Signature:

My Commission

Expires:

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Credit Card Payment Form	Credit	Card	Paymei	nt Form
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Credit Card	Payment Form		
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Application	Fee:		
License or I	Renewal Fee:		
Other (nam	e change, wall certifica	ate, fine, duplicate license, exam, etc.):	
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2			
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Phone Number: _		Email <i>(optional)</i> :	
Signature of Cred	dit Card Holder:		
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