



Arizona State
Board of Cosmetology

Donna Aune, Executive Director

1740 W. Adams • Suite #4400 • Phoenix, AZ 85007
Phone 480.784.4539 • www.azboc.gov

BEAUTY MALL SUITE CHANGE REQUEST

Complete this form and return with \$20.00 (per each request)
Check, Money Order or Credit Card (no cash)
(Fee are non-refundable)

Salon Name:	Date:
Address:	Salon License #:
City, State, Zip:	Phone #:

I am requesting a “SUITE” change for my salon license (license number is recorded above). My salon is located now at _____ and will be relocating at _____.

I understand this is not an address change, just relocating with in the same building where I have been licensed at.

Owners Signature:

Date: