

MAILING ADDRESS
Board of Barber Examiners
PO Box 94723
Lincoln, NE 68509

Nebraska Application Transfer Ownership of Barber Shop

OFFICE LOCATION
1220 Lincoln Mall Ste.100
Lincoln, NE
(402) 471-2051

Please Print Or Type:

WITHIN 30 DAYS OF FINALIZING SALE Submit application and \$100.00 fee to record Transfer of Ownership and obtain Issuance of Duplicate License Certificate.

Current owner(s) must complete the following information.

Shop License No. _____

Shop Owner(s) _____
Individuals Name (first, middle, last) or Name of Corporation, LLC

Shop Owner(s) _____
Individuals Name (first, middle, last) or Name of Corporation, LLC

Shop Manager _____

Barber License No. _____

Shop Name _____

Last Day of Operation _____

RELEASE OF CERTIFICATE OF REGISTRATION FOR TRANSFER:

I, the current holder of this barber shop registration, do herewith release said certificate for transfer to the applicant(s).

SIGNATURE _____
Owner's authorized to release (witnessed by Notary Public) Printed Name _____

SIGNATURE _____
Owner's authorized to release (witnessed by Notary Public) Printed Name _____

STATE OF NEBRASKA) SUBSCRIBED AND SWORN TO BEFORE ME THIS
COUNTY OF _____) _____ DAY OF _____ 20 _____

SEAL _____ NOTARY PUBLIC _____

Applicant(s) (new owner) must complete the following information.

First Day of Operation _____

Barber Shop Name _____ Shop Phone# _____

Shop Physical Address _____ City _____ State _____ Zip _____

Mailing Address If different than above (home/office) _____ City _____ State _____ Zip _____

Shop Owner(s) _____
Individuals Name (first, middle, last) or Name of Corporation, LLC

Is Owner Licensed Barber Yes [] No [] License # _____ Home Phone# _____ Cell Phone# _____

Shop Owner(s) _____
Individuals Name (first, middle, last) or Name of Corporation, LLC

Is Owner Licensed Barber Yes [] No [] License # _____ Home Phone# _____ Cell Phone# _____

Shop Manager _____ Barber License # _____ Manager's Phone # _____

If incorporated submit proof of Articles of Incorporation. Federal Identification # (FIN or EIN) _____

Does shop offer booth/chair rental? YES [] NO [] if yes, enclosed lockable booth/suites? YES [] NO [] if yes, key must be available for inspection. **Provide a list of barbers working with their barber license numbers on a separate piece of paper.**

United States Citizenship Attestation - For the purpose of complying with Neb.Rev.Stat. §§4-108 through 4-114, I attest as follows:

___ I am a citizen of the United States.

OR

___ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____ and I agree to provide a copy of my USCIS documentation upon request.

OR

___ Not applicable as Business is [] Partnership [] Corporation or [] Other _____

SIGNATURE _____ Explain/Describe
Applicant's (witnessed by Notary Public) Printed Name SSN # _____

SIGNATURE _____ SSN # _____
Applicant's (witnessed by Notary Public) Printed Name

STATE OF NEBRASKA) SUBSCRIBED AND SWORN TO BEFORE ME THIS
COUNTY OF _____) _____ DAY OF _____ 20 _____

SEAL _____ NOTARY PUBLIC _____

OFFICE USE ONLY:

DATE FILED _____ RECEIPT NO. _____ APPROVAL DATE _____

FEE SUBMITTED _____ LICENSE NO. _____ DUPLICATE ISSUED _____