

**Business Transaction**

**Affidavit**-Complete if you are purchasing an existing salon with an "ACTIVE" license, involving only a change of ownership.

**This form does not need to be completed if your salon is a new build or structure and has not previously been issued a license by the Ohio State Cosmetology and Barber Board.**

**Affidavit**

State of Ohio, County \_\_\_\_\_

I, hereby swear or affirm that an actual change of ownership has occurred regarding the business listed below.

Name of Business \_\_\_\_\_ Current Business License # \_\_\_\_\_

Address \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Signature of former Owner or Representative of Owner's Estate in the event of death of Owner

\_\_\_\_\_  
(both must be signed in the presence of a notary)

Subscribed in my presence and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Commission Expiration Date Required)

**NOTARY SEAL**