NEW YORK STATE OF OPPORTUNITY.
Division of Licensing Services

New York State
Department of State
Division of Licensing Services
Appearance Enhancement
P.O. BOX 22049
Albany, NY 12201-2049
Customer Service: (518) 474-4429
www.dos.ny.gov

Appearance Enhancement / Barber Business Closing Form

INSTRUCTIONS:

- **Appearance Enhancement Business Closing:**
  This form should be used when an Appearance Enhancement business is closing. Please note that this change may also be completed through your online account.

- **Barber Shop Business Closing:**
  This form should be used when a Barber Shop business is closing. Please note that this change may also be completed through your online account.

Business Type (select one):

☐ **Appearance Enhancement Business** ☐ **Barber Shop Business**

NAME OF BUSINESS OWNER _____ UNIQUE IDENTIFICATION NUMBER _____

NAME OF BUSINESS _____

STREET _____

CITY _____ STATE _____ ZIP + 4 _____

BUSINESS E-MAIL ADDRESS _____ DAYTIME PHONE (OPTIONAL) _____

Date of Business Closing: _____

Affirmation of Appearance Enhancement Business Owner:
I, the undersigned, subscribe and affirm under the penalties of perjury, that the named business will be closing and no longer operational under Appearance Enhancement (Cosmetology, Esthetics, Nail Specialty, Natural Hair Styling or Waxing) licensed through the provisions of Article 27 of the General Business Law and the rules and regulations promulgated thereunder (19 NYCRR).

OWNER SIGNATURE _____ DATE _____

PRINT OWNER NAME _____

Affirmation of Barber Shop Business Owner:
I, the undersigned, subscribe and affirm under the penalties of perjury, that the named business will be closing and no longer operational as a Barber Shop licensed through the provisions of Article 28 of the General Business Law and the rules and regulations promulgated thereunder (19 NYCRR).

OWNER SIGNATURE _____ DATE _____

PRINT OWNER NAME _____