Reset Form

NOTICE OF INTENT TO OPEN, BUY, RELOCATE, SELL OR CLOSE A SCHOOL OF BARBERING

State Form 44672 (R3 / 5-08)

STATE BOARD OF BARBER EXAMINERS
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 234-3031
www.pla.IN.gov

I (we) hereby serve notice to the State Board of Barber Examiners, of intent to:

☐ **1. OPEN A NEW SCHOOL OF BARBERING**

Approximate opening date (*month,day, year*)	Name of school of barbering
Location (*number and street, city, state, and ZIP code*)	
	Telephone number ( )

☐ **2. BUY AN EXISTING SCHOOL OF BARBERING**

Approximate opening date (*month,day, year*)	Name of school of barbering
Location (*number and street, city, state, and ZIP code*)	Telephone number ( )
Will location of school change? ☐ Yes ☐ No	If Yes, new location of existing school of barbering? (*number and street, city, state, and ZIP code*)

☐ **3. RELOCATE AN EXISTING SCHOOL OF BARBERING**

Approximate opening date (*month,day, year*)	Name of school of barbering
Current location (*number and street, city, state, and ZIP code*)	
New location (*number and street, city, state, and ZIP code*)	
	Telephone number ( )

☐ **4. SELL AN EXISTING SCHOOL OF BARBERING**

Approximate opening date (*month,day, year*)	Name of school of barbering
Current location (*number and street, city, state, and ZIP code*)	
Name of purchaser	
Address of purchaser (*number and street, city, state, and ZIP code*)	
	Telephone number ( )

☐ **5. CLOSE AN EXISTING SCHOOL OF BARBERING**

Approximate closing date (*month,day, year*)	Name of school of barbering
Location (*number and street, city, state, and ZIP code*)	Telephone number ( )

Dated this _____ day of _____, _____.

Signature of owner / partner / corporate officer	Date signed (*month, day, year*)
Printed name of owner / partner / corporate officer	