Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8509 www.dpor.virginia.gov



## Virginia Board for Barbers and Cosmetology Business - CERTIFICATE OF LICENSE TERMINATION

l here	by certify that		changed	entities or ceased operation as
		Business Name		
a sole	proprietor, general p	artnership, limited partnership/liability corp	oration, association, or corporation in	the Commonwealth of Virginia
on _		. Accordingly, I am returning licen	se number	
relate <i>and</i> (	ed to licensure und Cosmetology, Boar	that the foregoing statement and ans er the provisions of Title 54.1, Chapte d for Barbers and Cosmetology Regu ns, and I/we understand this affidavit.	r 7, of the Code of Virginia and t	he Virginia Board for Barbers
1.	Business Entity/S	ole Proprietor's Name		
2.	Trade, "Doing Bu	siness As" (DBA), or "Fictitious Name"		
3.	Provide <b>one</b> of the following identification numbers*:			
		deral Employer Identification Number (FEI	N)	stien Number (12,2456790)
	 ─ <b>Virginia</b> Dep	tor's/Individual's Social Security Number partment of Motor Vehicles Control Numbe identification number as used on previous applicatior	or r Social Security or Virginia	atton Number (12-3456/89)   -   DMV Number (123-45-6789)
	* State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.			
4.		PO Box accepted)		
5.	Contact Numbers	City		State Zip Code
		Primary Telephone	Alternate Telephone	Fax
6.	Email Address			
7.		<b>ponsible Management</b> (sole proprietor, rs/directors of an association, managers/m		
	Signature			
	Title _		Γ	Date
BOARI USE ONLY		BER TRANSACTION DATE		
A450-1	 2TERMBUS-v2	I	Board for Ba	arbers & Cosmetology/BUS LIC TERM