



Arizona Barbering & Cosmetology Board
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Katie Hobbs
Governor

Frank L. Migali
Executive Director

Establishment Closure Form

Establishment Name:

Establishment License #:

Address:

City:

State:

Zip:

Phone:

Date of last service:

Reason for Closure:

Owners Name:

I attest that this information is true, accurate, and complete and understand that any falsification, omission, or concealment of information may constitute a violation of the law.

Signature:

Date:

Please email this form to establishments@bcb.az.gov within 10 days of closure with the subject Establishment Closure.