South Carolina Department of Labor, Licensing and Regulation
BOARD OF COSMETOLOGY
P0 Box 11329, Columbia, SC 29211-1329
(803) 896-4588

2014-2016 SALON REINSTATEMENT APPLICATION

Salon Name:	**License No.:**
Address:	Telephone #:
	Email Address:
	Salon Owner, Date of Birth:

Answer all questions and submit the appropriate fee. Careful completion of this application will avoid a delay in processing. Incomplete applications will be returned to you. Please allow 10 business days for processing.

***Make all Checks or Money Orders payable to**
LLR - BOARD OF COSMETOLOGY*

Salon License Reinstatement Fee	
REINSTATEMENT FEE $122	Salon Owner Name: _____ Owner License Number _____ Salon Manager Name:_____ Salon Manager License Number _____

SALON OWNER

1. Since the date of your last renewal application, has any complaint been formally lodged or has any action been taken against your license in any jurisdiction? ☐Yes ☐ No
(If Yes, please include a full explanation, documentation, and a Criminal background report for state in which the incident occurred i.e. S.C. SLED Report.)

2. Since the date of your last renewal application, have you been charged, arrested, indicted, or convicted, pled guilty of, or pled nolo contendere for violation of any federal, state, or local law (other than minor traffic violation)? ☐Yes ☐ No
(If Yes, please include a full explanation, documentation, and a Criminal background report for state in which the incident occurred i.e. S.C. SLED Report.)

I have carefully read all questions on this renewal application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license and rejection of this application or delay processing.

Signature _____ Date _____