



Instructions for a Shop License

Fees are subject to change and are non-refundable.

Please Read Instructions Carefully

- 1) Barber shops must be in compliance with South Carolina statutes, regulations and sanitary rules *prior* to inspection. This shop application **including** the self-inspection report must be completed by the owner or manager. The completed application package including appropriate fee must be submitted to the board office within fifteen (15) business days *prior* to the opening date of the shop. **A shop cannot open for business until an inspection has been conducted by a Board of Barber Examiners inspector.**
- 2) Shop applications are only valid for one year from the date received in the board office. After one year, if the application is incomplete, the owner or manager must submit a new application along with appropriate fees.
- 3) Payments must be submitted in the form of a money order, cashier's check or personal/company check. **CASH is not accepted.**
- 4) An LLR inspector will contact the shop owner or manager by telephone to set up an inspection date and time.
- 5) The shop application must be accompanied by documented proof of the federal tax identification number (or EIN); **OR** the owner may use his/her social security number if it is a sole proprietorship.
- 6) A change in shop location shall be deemed a new shop and an application must be submitted to the board fifteen (15) days prior to the proposed opening date. If approved, through the inspection process, a new license number will be issued. The shop license is not transferable to a new location. The old license must be returned. Also, we need a list of current/active OJT students so new permits can be mailed to the shop.
- 7) A change in shop name or ownership shall be submitted to the board office and if approved a new license will be issued in the new shop name and/or new shop owner's name. A shop license is not transferable to a new owner. The old license must be returned. **Shop Name Change-** A list of current/active OJT students must be mailed with the application so new permits can be mailed to the shop.
- 8) Closure of a shop requires the manager or owner to return the shop license (the closure date may be written on the license).
- 9) For a manager change, return the license with previous manager's name, complete a new application and submit with \$10 fee for duplicate license within ten (10) business days.

For additional information or assistance, contact the Board office (803)896-4588 or visit our Web site at www.llr.sc.gov/pol/barber.



Fee Schedule	
Check Appropriate Fee Below:	
New License	<input type="checkbox"/> \$250
Manager/Add/Change	<input type="checkbox"/> \$10
Fees are Non-Refundable	

Application for Barber Shop

FOR OFFICE USE ONLY	
FY:	_____
Date:	_____
City Code:	County Code: _____
Control Number: _____	

Submit a cashier's check, personal or certified check or money order payable to the SC Board of Barbers Examiners.
 ★ **Shop Manager must have a current SC Barber or Master Hair Care license. An apprentice is not allowed to manage.**
 ** Documented proof of the federal tax identification number (FEIN) must accompany the application.

PLEASE PRINT

1	SHOP NAME				
2	<input type="checkbox"/> Federal Tax ID Number** or <input type="checkbox"/> Social Security Number*	(Required)			
3	New Location Address (Required)	Street			
		City	State	Zip Code	County
	Mailing Address (if applicable)	Street			
		City			
4	Telephone- Include Area Code	Work ()	Fax ()		
5	Email Address				
6	Shop Owner		SC License # (If Applicable)		
	Signature of Owner				Date
7	Shop Manager ★	Name	SC License #	★Type: <input type="checkbox"/> BRB <input type="checkbox"/> BMH	
	Signature of Manager				Date
8	Change of Shop Location – Previous Location Address	Street	State	Zip Code	County
9	Change of Shop Name–Name as Shown on License				
10a	Change of Owner–Name as Shown on Shop License				
10b	Signature of Previous Owner				Date

11	Have you ever owned or managed a shop that is or has been disciplined by the Board? If yes, please supply a letter of explanation and supply the shop's name and license number.	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/> Manager: Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Have you read <u>and</u> understand the South Carolina Barber Law and Regulations?	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/> Manager: Yes <input type="checkbox"/> No <input type="checkbox"/>

All information in this document is a public record subject to disclosure pursuant to the S.C. Freedom of Information Act, except item designated with this symbol (*).

I understand that any omission, inaccuracy or failure to make full disclosure in this application may be deemed sufficient reason to withhold license or renewal, suspend or revoke a license if issued by the Board. I understand that the Board may make such inquiry and investigation concerning my record or background as the Board in its judgment deems proper, and further agrees to furnish any additional information requested by the Board.

The undersigned, in making this application, affirms that he (or she) is the applicant named herein, and that the answers and information contained herein are true to the best of his (or her) knowledge and belief.

When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid. Please provide the following on your check: Driver's License Number; Full Name; Street Address, Phone Numbers and current SC Barber, or Master Hair Care Specialist license number if applicable.

Signature of Owner

Owner's Name (please print)

Date

Sworn and subscribed to before me on this _____ day of _____ 20____

My Commission Expires _____

Notary Public

All applications will be returned if not properly completed or appropriate fees not enclosed



SHOP SELF-INSPECTION REPORT

SHOP NAME					
Address	Street				
	City	State	Zip Code	County	
Telephone- Include Area Codes	Primary			Secondary	
	Days of Operation		Times Open		
Planned Opening Date					
1	I have posted a copy of the State Sanitary Rules and Regulation as Required by law				Yes <input type="checkbox"/> No <input type="checkbox"/>
2	I have put in place and am using the required state Sanitation Methods				Yes <input type="checkbox"/> No <input type="checkbox"/>
3	I have a current state license posted for each employee or booth renter with required photo				Yes <input type="checkbox"/> No <input type="checkbox"/>
4	I do have hot and cold running water as required by law.				Yes <input type="checkbox"/> No <input type="checkbox"/>
5	I have in place the required first aid kit and fire extinguisher.				Yes <input type="checkbox"/> No <input type="checkbox"/>
6	I have the required covered waste containers and hampers for soiled towels.				Yes <input type="checkbox"/> No <input type="checkbox"/>
7	I have the required labeled clean and dirty implements, storage containers and linens.				Yes <input type="checkbox"/> No <input type="checkbox"/>
8	I have in place all required equipment and tools to operate the shop by state law				Yes <input type="checkbox"/> No <input type="checkbox"/>
9	This shop is permanently sealed off from any living quarters				Yes <input type="checkbox"/> No <input type="checkbox"/>
10	This shop meets the solid wall separation as required between barber and beauty shops. (if applicable)				Yes <input type="checkbox"/> No <input type="checkbox"/>
11	I state this shop is in compliance with all State Board licensing law requirements				Yes <input type="checkbox"/> No <input type="checkbox"/>
12	I have signed and posted a copy of this Self-Inspection report inside the shop as required by law.				Yes <input type="checkbox"/> No <input type="checkbox"/>

As the owner or shop manager, I understand I am responsible for signing this form, and I am also stating all of the above information is true and correct. If this form is not correctly submitted with the application for licensure, it will be returned for completion.

Upon inspection by the S.C. Department of Labor, Licensing and Regulation, if I am found to be in violation for any of the above questions that I have signed and approved herein, I understand that civil fines and penalties may be imposed against my personal license and my shop license. Each violation could render fines up to \$500 per violation.

Owner or Shop Manager Signature

 Date

Sworn and subscribed to before me on this _____ day of _____ 20____

 My Commission Expires _____

 Notary Public

This form must be completed, signed and submitted with application and required fees before a license will be issued. Failure to properly do so will result in all paperwork being returned for accurate completion by the applicant. If you have any questions, call the LLR Division of Inspection at (803) 896-4415. You may view all the related laws online at www.llr.sc.gov/pol/barber.

For office use only: Date Called _____

Signature _____