South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Barber Examiners
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BARBERSHOP/BARBER SCHOOL REINSTATEMENT APPLICATION

Please note that the barber shop and barber school/college licenses will NOT be reinstated until the owner or manager on record has renewed his or her appropriate licensure.

Include with your application:

- Check or money order in the amount noted based on the application type below made payable to **SC Board of Barber Examiners**. *A returned check fee of up to $30, or an amount specified by law, **may** be accessed on all returned funds. (All fees are non-refundable)*
- Proof of registration with the Secretary of State
- Proof of FEIN, *if applicable*
- Copy of the shop/school owner's and shop/school manager's valid driver's license, state issued ID, passport or military ID

I. LICENSE TO BE REINSTATED

Application Type (check one only): ☐ Barber Shop ($150) ☐ Barber School/College ($325)

Shop/School Name: _____ License Number: _____

Doing Business As (DBA): _____ FEIN/SSN: _____

Shop/School Address: _____ City: _____ State: _____ Zip: _____
Physical Address Required

Mailing Address (if Different): _____

Telephone: _____ Email (Required): _____

II. SHOP/SCHOOL OWNER/MANAGER INFORMATION

Licensee Name: _____ License Number: _____

III. HISTORY QUESTIONS

1. Since initial license or last renewal, any state or jurisdiction taken disciplinary action against the facilities license?

☐ Yes ☐ No

If yes, submit a statewide criminal background check from the state's law enforcement agency where the crime took place (SLED for SC, third party criminal background checks will not be accepted.) and all court documentation/dispositions.

IV. ATTESTATION

Should I furnish any false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of this license in South Carolina.

Shop/School Owner's Signature: _____ Date: _____

Sworn to and subscribed me this _____ day of _____ , 20 ___ .

Notary Signature: _____

Print Notary Name: _____

Notary Public for the State of: _____ {Seal}

Commission Expiration Date: _____

PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various