

South Carolina Department of Labor, Licensing and Regulation South Carolina Board of Barber Examiners

110 Centerview Dr. • Columbia • SC • 29210 P.O. Box 11329 • Columbia • SC 29211-1329 Phone: 803-896-4588 • BoardInfo@llr.sc.gov • Fax: 803-896-4484 llr.sc.gov/bar

## **BARBERSHOP MANAGER CHANGE APPLICATION**

#### **Instructions:**

- Use this form for a change in manager. Return the current license with this application.
- Shop Manager must be a current SC licensed registered barber or master haircare specialist.
- Application must be submitted within 10 business days.

#### Submit with the application:

- Check or money order only, in the amount of \$10 made payable to SC Board of Barber Examiners (Fees are non-refundable). A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. NO CASH IS ACCEPTED.
- Completed Self-Inspection Report (A new inspection is not required.)

### FACILITY INFORMATION

Facility Legal Name:			License No.:			
DBA – "Doing Business As":(Exact name you will conduct b			siness in SC)	Location ID:		
Physica	al Location: Street Address	City	State	Zip Code	County	
Mailing	g Address (if different):					
Phone:		Email (Required):				
New S	nop Manager:		SC Lice	ense Type and No.:	(Requir	red)
	DNAL HISTORY QUESTIONS Have you ever owned or manage Board of Barber Examiners duri If yes, provide a written explana	ed a shop that is or has ng your period of own	been discip	•	□ Yes	□ No
2.	Have you read and do you under	stand the SC Barber L	aws and Reg	gulations?	□ Yes	🗆 No

#### SHOP MANAGER

I understand as shop manager I am responsible for compliance with Board statutes and regulations and responsible for all personnel physically located in the shop.

I have carefully read the questions and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct to the best of my knowledge and belief.

Signature of Shop Manager

#### **BARBERSHOP MANAGER CHANGE APPLICATION**

#### SHOP OWNER ATTESTATION

I designate (Shop Manager Name)	as shop manager.	
Signature of Shop Owner	Date	
Sworn and subscribed before me this day of	, 20	
Notary Signature:	(SEAL)	
Print Notary Name:		
Notary Public for the State of:		
Commission Expiration Date:		

#### PRIVACY DISCLOSURE

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 governmental purposes, including research and statistical services.



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## BARBERSHOP SELF-INSPECTION REPORT BARBERSHOP MANAGER CHANGE FORM

This form must be completed, signed and submitted with the Barbershop Manager Change application, along with the applicable fee before a license will be issued. If you have questions related to the inspection report, you may call the LLR Division of Inspection at 803-896-4415. A new inspection is not required for a barbershop manager change.

Shop Name:						
Physical Address:						
Phone: Alt. Phone:						
Days and Times of Operation:						
1.	I have posted a copy of the State Sanitary Rules and Regulations as required by law.	□ Yes	🗆 No			
2.	I have put in place and am using the required state sanitation methods.	□ Yes	🗆 No			
3.	I have a current state license posted for each employee or booth renter with required photo.	□ Yes	🗆 No			
4.	I do have hot and cold running water as required by law.	□ Yes	🗆 No			
5.	I have in place the required first aid kit and fire extinguisher.	□ Yes	🗆 No			
6.	I have the required covered waste containers and hampers for soiled towels.	□ Yes	🗆 No			
7.	I have the required labeled clean and dirty implements, storage containers and linens.	□ Yes	🗆 No			
8.	I have in place all required equipment and tools to operate the shop by state law.	□ Yes	🗆 No			
9.	I understand this shop cannot be used as living quarters.	□ Yes	🗆 No			
10.	I state this shop is in compliance with all State Board licensing law requirements.	□ Yes	🗆 No			
11.	I have signed and posted a copy of this self-inspection report inside the shop as required by law.	□ Yes	□ No			

# As the 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.

Shop Manager Signature	Title	Date
Sworn and subscribed before me this day of	, 20	
Notary Signature:		
Print Notary Name:	(SEAL)	
Notary Public for the State of:	_	
Commission Expiration Date:	_	
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