



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Cosmetology

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia, SC 29211-11329

Phone: 803-896-4588 • BoardInfo@llr.sc.gov • Fax: 803-896-4484

www.llronline.com/POL/Cosmetology



INSTRUCTIONS FOR SCHOOL APPLICATION

Applications must be received at least **60 days PRIOR** to the anticipated opening date. Incomplete applications will be returned.

REFER TO SOUTH CAROLINA CODE OF REGULATIONS 35-1 FOR MORE INFORMATION. YOUR APPLICATION PACKET SHOULD INCLUDE BUT IS NOT LIMITED TO THE FOLLOWING:

1. FLOOR PLANS DRAWN TO SCALE
2. SQUARE FOOTAGE
3. SURETY BOND
4. STUDENT CONTRACT
5. CURRICULUM
6. BACKUP INSTRUCTOR
7. CHECK OR MONEY ORDER FOR THE CORRECT AMOUNT

ALL COMPLETED APPLICATIONS WILL BE REVIEWED AT THE NEXT AVAILABLE BOARD MEETING.



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SCHOOL APPLICATION

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

FEE REQUIRED: New Program-\$0, New School-\$300, School Name Change-\$300,
 School Change of Location-\$300, School Change of Ownership-\$300

DO NOT SEND CASH. Submit a check or money order payable to: LLR- Board of Cosmetology. Application fees are subject to change and are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.

Type or Print in Ink

Choose the type of school: Cosmetology Esthetics Nail Technology Instructor Training

EIN: _____ - _____ (submit documented proof)

School Name: _____

School Address: _____
Street (physical address required) City State Zip

Mailing Address: _____
Street/PO Box City State Zip

Email Address: _____ Telephone #: _____

Owner's Name: _____
First Middle Initial Last License Number (if applicable)

Manager's Name: _____
First Middle Initial Last License Number

1. Name of Person(s) holding financial interest in Business (If incorporated, please provide corporate papers):

Full Name License No.

2. What is the square footage of the floor space? _____ Proposed Opening Date: _____
Month Day Year

3. How many students will this school accommodate? _____

4. Names of all full-time instructors and license numbers. (If additional space is needed, attach a sheet):

_____	_____	_____	_____
Full name	License No.	Full name	License No.
_____	_____	_____	_____
Full name	License No.	Full name	License No.
_____	_____	_____	_____
Full name	License No.	Full name	License No.

5. If School is CHANGING LOCATION, please indicate previous address:

Street City State Zip County

6. If School is CHANGING NAME, please indicate previous name:

7. If School is CHANGING OWNERSHIP, former owner must sign in space below:

I have sold

Name of School License No.

Located at

Street City State Zip

to _____ and hereby relinquish my claim to this school.

Signature of Owner who is selling the School Date

8. Has an owner/partner/principal/manager ever had any cosmetology, esthetician or manicure license denied, suspended, revoked, surrendered or have you ever been disciplined or fined by any licensing authority in this or any other state or jurisdiction? (If yes, attach a separate statement giving complete details.) Owner: Yes No

Manager: Yes No

9. Has an owner/partner/principal/manager ever had any other business or professional license denied, suspended, revoked, surrendered in this or any other state or jurisdiction? (If yes, attach a separate statement giving complete details.)

Owner: Yes No

Manager: Yes No

10. Have you (owner/partner/principal/manager) ever been arrested? (If yes, attach a separate statement giving complete details.)

Owner: Yes No

Manager: Yes No

11. Have you (owner/partner/principal/manager) ever been convicted of any criminal offense or is there any criminal charge now pending against you? (If yes, attach a separate statement giving complete details.)

Owner: Yes No
Manager: Yes No

12. In case of an emergency, who should we contact? _____
Name Relationship

Address Telephone

13. Have you read and understand the South Carolina Board of Cosmetology Practice Act and Regulations?

Owner: Yes No
Manager: Yes No

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 (*).

This affidavit to be executed by applicant before a notary public:

The undersigned, in making this application to the South Carolina Board of Cosmetology, swears (or 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.

I acknowledge and agree that any separate statements or documentation which I may sign or submit to the Board are hereby made a part of this application.

I do hereby certify and declare that I will operate my business in compliance with the 1976 Code of Laws of South Carolina as amended.

Owner's Signature

Print Name of Applicant

Manager's Signature

Print Name of Applicant

SWORN to before me this _____ day of _____, 20_____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

LICENSE BOND

BOND NUMBER: _____

EFFECTIVE DATE: _____

EXPIRATION DATE: _____

KNOW ALL MEN BY THESE PRESENTS that we

_____, as the Principal ("Principal"), and _____, a Surety Company authorized to do business in the State of South Carolina as Surety ("Surety"), are held and firmly bound unto the South Carolina State Board of Cosmetology, State of South Carolina in favor of every person who pays or deposits any money with Principal as payment for instruction, as Obligee ("Obligee"), in the sum of Ten Thousand Dollars (\$10,000.00) lawful money of the United States of America. We bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, Principal is required by S.C. Code Ann. 40-13-340(A) and Chapter 35, South Carolina Code of Regulations to obtain and maintain a surety bond in the sum of Ten Thousand (\$10,000.00) Dollars,

NOW, THEREFORE, the condition of this bond is such that if Principal shall faithfully perform the terms and conditions of all contracts entered into between Principal and all persons enrolling as students with Principal, then this obligation shall be void; otherwise it is to remain in full force and effect; provided however that:

1. Regardless of the number of years this bond shall remain in force and the number of annual premiums paid therefore, the aggregate liability of Surety is limited to the penal sum of this bond and any payment or payments made shall reduce the amount of the bond to the extent of such payment or payments.
2. This bond may be cancelled by Surety upon thirty (30) days written notice by registered mail by Surety to Obligee and Principal. This provision, however, shall not operate to relieve, release or discharge Surety from any liability already accrued or which shall accrue before the expiration of the thirty (30) day period.

Witness our hands and seal this _____ day of _____, _____.

Name of Surety Company (Print)

Name of Principal (Print)

By: _____
Signature of Surety (Attorney-in-Fact)

By: _____
Signature of Principal