



SALON APPLICATION

Instructions

- Use this form for:
 - a new establishment (or an additional establishment with the same name);
 - a location change (return former license);
 - an ownership change (return former license);
 - a name change (return former license).
- If there are multiple locations under the same name, indicate the location ID by the DBA name. Each location requires a license.
- Salon Manager must be a current SC licensed cosmetologist, esthetician or nail technician.

Submit with the application:

- Check or money order only, in the amount of \$100 made payable to SC Board of Cosmetology (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.
- Proof of Federal ID Number, if applicable
- Completed Self-Inspection Report, attached
- SC Secretary of State Proof of Registration (If applicable)
Business corporations, non-profit corporations, limited liability companies, limited partnerships and limited liability partnerships must register with the SC Secretary of State: <https://sos.sc.gov/>. Sole Proprietorships and General Partnerships are not required to register.

Application Type:

New Establishment

Additional Establishment

Location Change: Prior License No: _____ Prior Address: _____

Ownership Change: Prior License No: _____ Prior Address: _____

Name Change: Current License No.: _____

SALON INFORMATION

Type of Salon: Cosmetology Nail Esthetics Combination

Salon Legal Name: _____ Fed Tax ID or SSN: _____

DBA – “Doing Business As”: _____ Location ID: _____
(Exact name the salon will conduct business in SC) (If applicable)

Type of Business: Sole Proprietorship Partnership* Corp* LLC* LLP* Other: _____

* Requires Federal ID Number

Physical Location: _____
Street Address City State Zip Code County

Mailing Address (if different): _____

Phone: _____ Email (required): _____

Salon Manager: _____ SC License type and no: _____
(Required)

Owner Name: _____ SC License type and no: _____
(If applicable)

PERSONAL HISTORY QUESTIONS FOR SALON MANAGER

1. Have you ever owned or managed a salon that is or has been disciplined by the SC Board of Cosmetology during your period of ownership or management? If yes, provide a written explanation. Yes No
2. Have you read and do you understand the SC Cosmetology Laws and Regulations? Yes No

I understand as salon manager I am responsible for compliance with Board statutes and regulations and am responsible for all personnel physically located in the salon. I also understand that as a salon manager, my personal license is subject to discipline for any failure to comply.

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 Salon Manager

Date

PERSONAL HISTORY QUESTIONS FOR OWNER

1. Have you ever owned or managed a salon that is or has been disciplined by the SC Board of Cosmetology during your period of ownership or management? If yes, provide a written explanation. Yes No
2. Have you read and do you understand the SC Cosmetology Laws and Regulations? Yes No

SALON OWNER ATTESTATION

I designate the above-named individual as salon manager.

I certify I have carefully read the questions within this application 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.

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.

Owner's Signature: _____ Date: _____

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

Notary Signature: _____

Print Notary Name: _____

{Seal}

Notary Public for the State of: _____

Commission Expiration Date: _____



South Carolina Board of Cosmetology

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SALON SELF-INSPECTION REPORT

This form must be completed, signed and submitted with the Salon 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. An LLR Inspector will contact the salon owner or manager by phone to set up an inspection date and time. A salon cannot open for business until an inspection has been conducted.

Salon Name: _____ Projected Open Date: _____

Physical Address: _____

Phone: _____ Alt. Phone: _____

Days & 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 salon by state law. | Yes | No |
| 9. This salon is permanently sealed off from any living quarters. | Yes | No |
| 10. This salon meets the solid wall separation as required between barber and salons. (if applicable) | Yes | No |
| 11. I state this salon is in compliance with all State Board licensing law requirements. | Yes | No |
| 12. I have signed and posted a copy of this self-inspection report inside the salon as required by law. | Yes | No |

As the salon manager, I understand I am responsible for signing this form and I am also stating all of the above information is true and correct.

Salon Manager Signature Title Date

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

Notary Signature: _____

Print Notary Name: _____

Notary Public for the State of: _____

Commission Expiration Date: _____