



## Instructions for a Salon License

Fees are Non-Refundable  
Please Read Instructions Carefully

- 1) Salon must be in compliance with South Carolina statutes, regulations and sanitary rules *prior* to inspection. This salon application **including** the self-inspection report must be completed by the manager or owner. The completed application package including appropriate fee must be submitted to the board office within ten (10) business days *prior* to the opening date of the salon. **A salon cannot open for business until an inspection has been conducted by a Board of Cosmetology inspector and the license has been received.**
- 2) Salon 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 salon owner or manager by telephone to set up an inspection date and time.
- 5) The salon 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 salon location shall be submitted to the board office at least twenty (20) days prior to the proposed opening date. If approved, through the inspection process, a new license number will be issued. The old license must be returned. Also submit a list of names and license numbers for all current booth renters.

### **35-15. Licensure of Cosmetology, Nail Technology, and Esthetics Salons.**

#### **(D) Change in Salon Location.**

(1) A salon license shall be valid only for the location named and shall not be transferable.

(2) Any request for a change in salon location shall be submitted to the board through a new application, together with the required fee, twenty working days prior to the proposed opening in the new location.

- 7) A change in salon name or ownership shall be submitted to the board office and if approved a new license will be issued in the new salon name and/or new salon owner's name. The old license must be returned. A change in ownership requires an inspection.

### **35-15 Licensure of Cosmetology, Nail Technology, and Esthetics Salons.**

#### **(E) Change in Salon Name and/or Salon Owner.**

(1) A salon license shall be valid only for the owner named and the salon named, and shall not be transferable.

(2) Any request for a change in salon name and/or salon owner shall be submitted to the board through a new application, together with the required fee.

- 8) Closure of a salon requires submission of documentation of the closure date and return of the license immediately. If a salon is closing temporarily, the owner or manager shall notify the board within sixty (60) days.

### **35-15. Licensure of Cosmetology, Nail Technology, and Esthetics Salons.**

#### **(F) Salon Closure.**

(1) If a salon is closed permanently, the salon license shall be immediately returned to the board. If a salon is temporarily closed for more than sixty (60) days, the salon owner shall notify the board.

- 9) For a manager change, return the license with previous manager name, complete 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.state.sc.us/pol/cosmetology](http://www.llr.state.sc.us/pol/cosmetology).



Fee Schedule	
Check Appropriate Fee Below:	
New License	<input type="checkbox"/> \$100
Manager/Add/Change	<input type="checkbox"/> \$10
<b>Fees are Non-Refundable</b>	

# Application for Salon

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 Cosmetology.

★ **Salon Manager must have a current SC (Cosmetologist, Esthetician or Nail Technician) license.**

\*\* Documented proof of the federal tax identification number (FEIN) must accompany the application.

**PLEASE PRINT**

1	<b>SALON NAME</b>				
2	<input type="checkbox"/> <b>Federal Tax ID Number</b> (FEIN)** or <input type="checkbox"/> <b>Social Security Number*</b>	(Required)			
3	<b>New Location Address</b> (Required)	Street			
		City	State	Zip Code	County
	<b>Mailing Address</b> (if applicable)	Street			
		City			
4	<b>Telephone- Include Area Code</b>	Work	(     )	Fax	(     )
5	<b>Email Address</b>				
6	<b>Salon Type</b>	<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Nail Tech	<input type="checkbox"/> Esthetic	<input type="checkbox"/> Combination
7	<b>Salon Owner</b>			<b>SC License #</b> (If Applicable)	
	<b>Signature of Owner</b>				Date
8	<b>Salon Manager ★</b>			<b>SC License #</b>	★Type: <input type="checkbox"/> RC <input type="checkbox"/> NT <input type="checkbox"/> ES
	<b>Signature of Manager</b>				Date
9	<b>Change of Salon Location – Previous Location Address</b>	Street	State	Zip Code	County
10	<b>Change of Salon Name—Name as Shown on License</b>				
11a	<b>Change of Owner—Name as Shown on Salon License</b>				

<b>11b Signature of Previous Owner</b>		Date
<b>12</b>	Have you ever owned or managed a salon that is or has been disciplined by the Board? If yes, please supply a letter of explanation and supply the salon's license number.	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/> Manager: Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>13</b>	Have you read <u>and</u> understand the South Carolina Cosmetology Law and Regulations? <a href="http://www.llr.state.sc.us/POL/COSMETOLOGY">www.llr.state.sc.us/POL/COSMETOLOGY</a> - Click on Laws/Policies on Right.	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 Cosmetologist, Esthetician or Nail Technician License number if applicable.**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
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**



### SALON SELF-INSPECTION REPORT

<b>SALON NAME</b>				
<b>Address</b>	Street			
	City	State	Zip Code	County
<b>Telephone- Include Area Codes</b>	Primary		Secondary	
	<b>Days of Operation</b>		<b>Times Open</b>	
<b>Planned Opening Date</b>				

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 <b>labeled</b> 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 salon/shop is permanently sealed off from any living quarters	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	This salon/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 salon/shop is in compliance with all State Board licensing laws requirements	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	I have signed and posted a copy of this Self-Inspection report inside the salon/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.state.sc.us/pol/Cosmetology](http://www.llr.state.sc.us/pol/Cosmetology).

For office use only: Date Called \_\_\_\_\_

Signature \_\_\_\_\_