



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 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.
- Shop Manager must have a current SC Barber or Master Hair Care license. An apprentice is not allowed to manage.

Submit with the application:

- Check or money order (DO NOT MAIL CASH) made payable to LLR – 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.
- Proof of Federal ID Number, if applicable
- Completed Self-Inspection Report
- 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 (check one only):

- New Establishment (\$250)
- Additional Establishment (\$250)
- Location Change (\$250): Prior License No: _____
Prior Address: _____
- Ownership Change (\$250): Prior License No: _____
Prior Address: _____
- Name Change (\$10): Current License No.: _____

FACILITY INFORMATION

Facility Name: _____

DBA – “Doing Business As”: _____ FEIN or SSN: _____
(Exact name you will conduct business in SC)

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): _____

Shop Manager: _____ SC License Type and No.: _____
(Required)

Owner's Name: _____ SC License Type and No.: _____
(If applicable)

PERSONAL HISTORY QUESTIONS FOR SHOP MANAGER

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

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 Date

PERSONAL HISTORY QUESTIONS FOR SHOP OWNER

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

SHOP OWNER ATTESTATION

I designate the above named individual as shop 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.

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

This form must be completed, signed and submitted with the Barbershop 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 shop owner or manager by phone to set up an inspection date and time. A shop cannot open for business until an inspection has been conducted.

Shop Name: _____ Projected Open Date: _____

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: _____