



REQUIREMENTS AND INSTRUCTIONS FOR A MOBILE BARBERSHOP LICENSE

- 1) Barber shops must be in compliance with South Carolina statutes, regulations and sanitary rules *prior* to inspection. This shop application **including** the self-inspection report must be completed by the owner and manager. The completed application package including appropriate fee must be submitted to the board office thirty (30) days *prior* to the opening date of the shop. **A shop cannot open for business until an inspection has been conducted by a Board of Barber Examiners inspector.**
 - 2) Payments must be submitted in the form of a money order, cashier's check or personal/business check. **CASH is not accepted.**
 - 3) The shop application must be accompanied by documented proof of the vehicle identification number (VIN) and a Federal tax ID number (EIN) or social security number if a sole proprietorship.
 - 4) A licensed Registered Barber or Master Haircare Specialist must be in charge and present during the operation of a mobile barbershop. The designated operator is responsible for compliance with all applicable Board statutes and regulations.
 - 5) A mobile barbershop permittee shall maintain a written or electronic record of the street addresses where the barbering services will be provided during any two week period. These records must be provided to the Board two weeks in advance and any changes to the schedule must be immediately provided to the Board.
 - 6) The name of the mobile barber shop, as shown on the permit, and the permit number must be visibly displayed on, at least, two exterior sides of the mobile shop. The interior of a mobile unit must be clearly visible from outside of the unit.
 - 7) Once the application has been reviewed, an LLR inspector will contact the shop owner or designated operator by telephone to set up an inspection date and time.
- A mobile barbershop permit is not transferable. If a mobile barbershop is sold, or a new unit is obtained, the new owner shall apply to the Board for a permit before providing barbering services through the mobile barbershop. The old license must be returned.
 - Shop applications are only valid for one year from the date the application is received in the board office. After one year, if the application is incomplete, the owner or designated operator must submit a new application along with appropriate fees.
 - A mobile barbershop permittee shall notify the board in writing within thirty (30) days of the last day of operations when a mobile barbershop ceases to operate.



South Carolina Board of Barber Examiners

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APPLICATION FOR MOBILE BARBERSHOP

The licensed barber or master haircare specialist who is the designated mobile shop operator must submit the application to operate the shop. **An apprentice is not allowed to manage or provide services in a mobile shop.** A mobile shop must be inspected before a permit can be issued.

Include with application

- Include a check or money order in the amount of \$250.00 payable to Board of Barber Examiners. CASH IS NOT ACCEPTED (All 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.)
- Copy of proof of Federal ID number or social security card.
- Proof of vehicle identification number (VIN) (vehicle registration, title)
- Self-Inspection Report (Completed by Designated Operator)

MOBILE BARBERSHOP INFORMATION

Mobile Barbershop (MS) Name: _____

FEIN or Social Security Number: _____ VIN: _____

Business Address: _____ County: _____
Street City State Zip

Mailing Address: _____
(If different than above) Street/PO Box City State Zip

MS Official Phone Number: _____ Other Contact Phone Number: _____
All other numbers used for mobile shop's official business

Email Address of MS (Required): _____

Mobile Shop Owner: _____

Address: _____
Street/PO Box City State Zip

SC License Type (if applicable): _____ SC License Number: _____

DESIGNATED OPERATOR: _____

License Type: Barber Master Haircare License Number: _____

LAW ACKNOWLEDGMENT / DISCIPLINE QUESTIONS

1. Do you understand that only barbering services may be provided by a Board-licensed individual in a Mobile Barbershop? YES NO
2. Do you understand that a Mobile Barbershop and all licensees providing barbering services must comply with all applicable federal, state and local laws, regulations and ordinances pertaining to barbering, including sanitation? YES NO

LAW ACKNOWLEDGMENT / DISCIPLINE QUESTIONS CONTINUED

- 3. Do you understand that a Mobile Barbershop must comply with all applicable flammability, construction, sanitation, zoning or infectious waste management guidelines; OSHA guidelines and federal CDC guidelines, and shall maintain all applicable county and city licenses or permits? YES NO

- 4. Do you understand that the designated operator is responsible for compliance with all applicable Board statutes and regulations? YES NO

- 5. Do you understand that you must provide to the Board a written or electronic record of the street addresses where barbering services are to be provided two weeks in advance, and must provide updated information regarding any changes immediately to the Board? YES NO

- 6. Do you understand that a Mobile Barbershop may NOT operate within eyesight of a registered barbershop? YES NO

- 7. Do you understand that a mobile shop must have a restroom? YES NO

- 8. Have you ever owned or managed a shop that is or has been disciplined by the Board? If yes, please supply a letter of explanation and supply the shops name and license number. YES NO

- 9. Have you read and understand the South Carolina Barber Law and Regulations? YES NO

OWNER ATTESTATION

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 my license in South Carolina.

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.

Owner 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: _____

**DESIGNATED OPERATOR SECTION
TO BE COMPLETED BY THE DESIGNATED OPERATOR**

Designated Operator Name: _____

Address: _____
 Street/PO Box City State Zip

License Type: Barber Master Haircare **License Number:** _____

LAW ACKNOWLEDGMENT / DISCIPLINE QUESTIONS

- | | | |
|--|-----|----|
| 1. Do you understand that only barbering services may be provided by a Board-licensed individual in a Mobile Barbershop? | YES | NO |
| 2. Do you understand that a Mobile Barbershop and all licensees providing barbering services must comply with all applicable federal, state and local laws, regulations and ordinances pertaining to barbering, including sanitation? | YES | NO |
| 3. Do you understand that a Mobile Barbershop must comply with all applicable flammability, construction, sanitation, zoning or infectious waste management guidelines; OSHA guidelines and federal CDC guidelines, and shall maintain all applicable county and city licenses or permits? | YES | NO |
| 4. Do you understand that the designated operator is responsible for compliance with all applicable Board statutes and regulations? | YES | NO |
| 5. Do you understand that you must provide to the Board a written or electronic record of the street addresses where barbering services are to be provided two weeks in advance, and must provide updated information regarding any changes immediately to the Board? | YES | NO |
| 6. Do you understand that a Mobile Barbershop may NOT operate within eyesight of a registered barbershop? | YES | NO |
| 7. Do you understand that a mobile shop must have a restroom? | YES | NO |
| 8. Have you ever owned or managed a shop that is or has been disciplined by the Board? If yes, please supply a letter of explanation and supply the shops name and license number. | YES | NO |
| 9. Have you read <u>and</u> understand the South Carolina Barber Law and Regulations? | YES | NO |

DESIGNATED OPERATOR ATTESTATION

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 my license in South Carolina.

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.

Designated Operator 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: _____

Privacy Disclosure

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

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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MOBILE BARBERSHOP SELF-INSPECTION REPORT

This form must be completed, signed and submitted with the Mobile 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.

Shop 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 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

CERTIFICATION

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

Upon inspection by the SC Department of Labor, Licensing and Regulation, if I am found 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.

Designated Operator Signature _____ Title _____ Date _____