

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 • <u>BoardInfo@llr.sc.gov</u> • Fax: 803-896-4484

<u>llr.sc.gov/bar</u>

## **APPLICATION FOR PORTABLE BARBER OPERATION**

A portable barber must have a current SC Barber or Master Haircare license. An Apprentice may not be a portable barber.

| Name                      | As it is list   | ed on your SC l     | Barber/Master Ha  | aircare license) | ):              |                             |     |     |     |    |  |
|---------------------------|---|---------------------|-------------------|------------------|-----------------|-----------------------------|-----|-----|-----|----|--|
| Licens                    | eense Type: Barber Master Haircare  |                     |                   | Licen            | License Number: |                             |     |     |     |    |  |
| Home Address:Street       |   |                     |                   |                  | <u> </u>        | County:                     |     |     |     |    |  |
|                           |   | Stree               | t                 |                  | City            | State                       | Ζιр |     |     |    |  |
| Mailin                    | g Address   | s:                  |                   |                  |                 |                             |     |     |     |    |  |
| (If differ                | ent than ab   | ove) Street/P       | O Box             | City             |                 | State                       |     | Zip |     |    |  |
| Business Phone Number:    |   |                     |                   |                  | Othe All o      | Other Contact Phone Number: |     |     |     |    |  |
| Email Address (Required): |   |                     |                   |                  |                 | Last 5 digits of social:    |     |     |     |    |  |
|                           |   | · /                 |                   |                  |                 |                             |     | 6 – |     |    |  |
| Name                      | of Base (   | <b>Operation</b> (m | ust be registered | barbershop or    | mobile ba       | rbershop)                   | :   |     |     |    |  |
| Registe                   | ered Barb   | ershop/Mobi         | le Barbershop     | Permit Nu        | nber:           |                             |     |     |     |    |  |
| LAW                       | ACKNO   | OWLEDGN             | MENT / DIS        | CIPLINE          | QUEST           | ΓΙΟΝS                       |     |     |     |    |  |
| bee                       | Has any professional disciplinary action been taken against you in any state since you habecome licensed in South Carolina? (If yes, provide a detailed written explanation along any applicable documentation.)  |                     |                   |                  |                 |                             |     |     | YES | NO |  |
| pro<br>cri                | Since you were initially licensed or since your last renewal as a Barber or Master haircare professional, have you been convicted of or pled guilty or nolo contendere to a felony or crime of moral turpitude or are there charges pending against you now that you have not disclosed to the Board? |                     |                   |                  |                 |                             |     |     |     | NO |  |
| ado                       | Do you understand that you must maintain a written<br>addresses where barbering services will be provided<br>this information to the Board upon request?  |                     |                   |                  |                 |                             |     |     |     | NO |  |
|                           | Do you understand that you must comply with all applicable statutes and laws pertaining to YI barbering, including sanitation?  |                     |                   |                  |                 |                             |     |     | YES | NO |  |

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.

Applicant Signature:

Date: