



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

**REQUEST TO CHANGE DESIGNATED OPERATOR
FOR AN EXISTING 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.**

Include with application

- Include a check or money order in the amount of \$10.00 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.)
- Self-Inspection Report (Completed by Designated Operator)

MOBILE BARBERSHOP INFORMATION

Mobile Barbershop (MS) Name: _____

Mobile Barbershop Permit Number: _____ MS Official Phone Number: _____

Email Address of MS (Required): _____ VIN Number: _____

NEW DESIGNATED OPERATOR: _____

License Type: Barber Master Haircare License Number: _____

Effective Date of Change in Designated Operator: _____

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 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: _____



MOBILE BARBERSHOP SELF-INSPECTION REPORT
CHANGE OF DESIGNATED OPERATOR

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. You will not have to have the MS re-inspected due to a change of Designated Operator.

Shop Name: _____

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 the shop license. Each violation could render fines up to \$500 per violation.

 Designated Operator Signature

 Title

 Date