

South Carolina Department of Labor, Licensing and Regulation
Board of Barber Examiners

Barber School License Application Instructions

1. Application must be printed in ink or typed.
2. Application must be signed by owner/applicant and teacher and be notarized. Your application is not complete without these signatures.
3. Read each area very carefully. If any information is not marked or questions not answered, your application may be returned.
4. The teacher must hold a current license with the Board.
5. Your school must be in compliance with the South Carolina Laws, Rules and Regulations as well as the Sanitary Rules and Regulations (enclosed).

Please Submit All Of The Following Requested Information Along With Your Application:

1. Submit a bulletin and curriculum containing full information as to the operation of the school including physical equipment, number of barber chairs, work stands and floor space of practical and theory department.
2. Submit the hours of operation.
3. Submit schedule of hours for each class.
4. Submit the schedule of subjects taught. (Please refer to 17-14, S.C. State Board of Barber Examiners Statutes and Regulations.)
5. Submit a floor plan detailing the square footage of the school.
6. Submit a detailed map as well as written directions to the school.
7. Submit the completed application with the above requested information with the fee of \$300.00.

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Inspections are conducted between 8:30 a.m. and 5 p.m. Tuesday through Friday. The owner must make arrangements in writing for the school inspection.

Mail the completed application and a check or money order for the correct amount to:

South Carolina Department of Labor, Licensing and Regulation
Board of Barber Examiners
Post Office Box 11329
Columbia, SC 2921101329

Your application for a new school must be in the office 30 days prior to your opening date. Your school cannot open for business until it has passed the State Board inspection order for your application to be considered, it must be completed and submitted along with the proper fees and requested information. You will be notified of the date, time and place to meet with the Board once completed application is received. If the application is incomplete, it will not be considered for licensing and will be returned.

**All Applications will Be Returned If Not Properly Completed
Or If Appropriate Fee Is Not Enclosed**

Please notify the S.C. Board of Barber Examiners office at (803) 896-4494 if you feel you are eligible under the Americans with Disabilities Act (ADA) for special accommodation either in completing the application process or in taking the required examination.

Rev. 10/01



South Carolina Department of Labor, Licensing and Regulation Board of Barber Examiners

RETURN FORM TO:

Syntergy Business Park
110 Centerview Drive
Post Office Box 11329
Columbia, South Carolina 29211-1329
Phone: (803) 896-4491 Fax: (803) 896-4484
Internet Address: www.llr.state.sc.us

FEE SCHEDULE	
Initial Fee Two year license	\$300
Location Change	\$300
Ownership Change	\$140
Shop Name Change	\$140

FOR OFFICE USE ONLY
License No.:
FY:
Date of Issue:
Amount Rec'd:
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash

BARBER SCHOOL APPLICATION

Type or Print in Ink

1. SCHOOL INFORMATION

School Name: _____

Address: _____
Number Street City State Zip County

Planned Opening Date: _____ Telephone No: _____

2. SCHOOL TEACHER INFORMATION (To be answered by School Teacher)

School Teacher's Name: _____ *Social Security No. _____

School Teacher's License No. _____ Year Issued: _____ Business Telephone No: _____

Have you read and understand the South Carolina Barber laws and regulations? Yes No

Signature of School Teacher

Date

3. CHANGE OF SCHOOL LOCATION

Previous School Address: _____
Number Street City State Zip

County

Has this school ever been licensed as a cosmetology school? Yes No If yes, when? _____

4. CHANGE OF SCHOOL OWNERSHIP

Previous School Owner's Name: _____ *Social Security No: _____

5. CHANGE OF SCHOOL NAME

Previous Name as shown on License: _____ License No: _____

6. SCHOOL OWNER INFORMATION

School Owner's Name: _____ *Social Security No: _____

Address: _____
Number Street City State Zip

Business Telephone No: _____

Have you been found guilty, pleaded guilty, or entered a plea of nolo contendere in this or any other state for the illegal or unauthorized practice in a professional occupation? _____ Yes _____ No (If yes, give details on a separate sheet.)

Have you received disciplinary action by an employer for problems with your job performance related to any physical, psychiatric or substance abuse disorder (limitation) since you last renewed your license? _____ Yes _____ No

Have you read and understand the South Carolina Barber laws and regulations? _____ Yes _____ No

All information in this document is a matter of public record subject to disclosure pursuant to the S.C. Freedom of Information Act, except items designated with this symbol (*).

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: Drivers License #; Full Name; Street Address and Phone Numbers.

7. AFFIDAVIT AND SIGNATURES

I understand that any omission, inaccuracy or failure to make full disclosure in this application may be deemed sufficient reason to withhold, suspend or revoke a license 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 judgement deems proper. I further agree to furnish any additional information requested by the Board.

I affirm that I am the shop owner and applicant named herein and that the answers and information contained herein are true to the best of my knowledge and belief.

Signature of Owner/Applicant _____
Date

Signature of Teacher _____
License No.

Sworn and subscribed to before me this _____ day of _____ 20____

Notary Public *My Commission Expires:* _____

All applications will be returned if not properly completed or fees not enclosed.