



**BARBERSHOP MANAGER CHANGE APPLICATION**

**SHOP OWNER ATTESTATION**

I designate \_\_\_\_\_ as shop manager.  
(Shop Manager Name)

\_\_\_\_\_  
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.



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Barber Examiners**  
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**BARBERSHOP SELF-INSPECTION REPORT  
 BARBERSHOP MANAGER CHANGE FORM**

This form must be completed, signed and submitted with the Barbershop Manager Change 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. A new inspection is not required for a barbershop manager change.

Shop Name: \_\_\_\_\_

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: \_\_\_\_\_