



South Carolina Board of Cosmetology

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/cosmo

SALON REINSTATEMENT APPLICATION

- Salon Manager must be a current SC licensed cosmetologist, esthetician or nail technician.

Submit with the application:

- Check or money order only, in the amount of \$122 made payable to SC Board of Cosmetology (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. **NO CASH IS ACCEPTED.**
- Completed Self-Inspection Report

SALON INFORMATION

Salon Current License No.: _____

Salon Legal Name: _____ Fed Tax ID or SSN: _____

DBA – “Doing Business As”: _____ Location ID: _____
(Exact name you will conduct business in SC) (If applicable)

Physical Location: _____
Street Address City State Zip Code County

Mailing Address (if different): _____

Phone: _____ Email (required): _____

Salon Manager: _____ SC License type and no: _____
(Required)

Owner Name: _____ SC License type and no: _____
(If applicable)

PERSONAL HISTORY QUESTIONS FOR SALON MANAGER

1. Since this salon was last actively licensed, have you owned or managed a salon that is or has been disciplined by the SC Board of Cosmetology during your period of ownership or management? If yes, provide a written explanation. YES NO

2. Have you read and do you understand the SC Cosmetology Laws and Regulations? YES NO

I understand as salon manager I am responsible for compliance with Board statutes and regulations and responsible for all personnel physically located in the salon.

I have carefully read the questions 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.

Signature of Salon Manager

Date

PERSONAL HISTORY QUESTIONS FOR OWNER

- 1. Since this salon was last actively licensed, have you ever owned or managed a salon that is or has been disciplined by the SC Board of Cosmetology during your period of ownership or management? If yes, provide a written explanation. YES NO
- 2. Have you read and do you understand the SC Cosmetology Laws and Regulations? YES NO

SALON OWNER ATTESTATION

I designate the above named individual as salon manager.

I certify 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 this license in South Carolina.

Owner’s 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: _____



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SALON SELF-INSPECTION REPORT

This form must be completed, signed and submitted with the Salon 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. An LLR Inspector will contact the salon owner or manager by phone to set up an inspection date and time. A salon cannot open for business until an inspection has been conducted.

Salon 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 salon by state law. | Yes | No |
| 9. This salon is permanently sealed off from any living quarters. | Yes | No |
| 10. This salon meets the solid wall separation as required between barber and salons. (if applicable) | Yes | No |
| 11. I state this salon is in compliance with all State Board licensing law requirements. | Yes | No |
| 12. I have signed and posted a copy of this self-inspection report inside the salon as required by law. | Yes | No |

As the salon manager, 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 salon license. Each violation could render fines up to \$500 per violation.

Salon Manager Signature Title Date

Sworn to and subscribed me this _____ day of _____, 20 ____ .

Notary Signature: _____ Print Notary Name: _____

Notary Public for the State of: _____ Commission Expiration Date: _____