



South Carolina Board of Cosmetology

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llr.sc.gov/cosmo

SALON APPLICATION

Instructions

- Use this form for:
- a new establishment (or an additional establishment with the same name);
- a location change (return former license);
- an ownership change (return former license);
- a name change (return former license).
If there are multiple locations under the same name, indicate the location ID by the DBA name. Each location requires a license.
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 \$100 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.
Proof of Federal ID Number, if applicable
Completed Self-Inspection Report
SC Secretary of State Proof of Registration (If applicable)
Business corporations, non-profit corporations, limited liability companies, limited partnerships and limited liability partnerships must register with the SC Secretary of State: https://sos.sc.gov/. Sole Proprietorships and General Partnerships are not required to register.

Application Type:

New Establishment

Additional Establishment

Location Change: Prior License No: \_\_\_\_\_ Prior Address: \_\_\_\_\_

Ownership Change: Prior License No: \_\_\_\_\_ Prior Address: \_\_\_\_\_

Name Change: Current License No.: \_\_\_\_\_

SALON INFORMATION

Type of Salon: Cosmetology Nail Esthetics Combination

Salon Legal Name: \_\_\_\_\_ Fed Tax ID or SSN: \_\_\_\_\_

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

Type of Business: Sole Proprietorship Partnership\* Corp\* LLC\* LLP\* Other: \_\_\_\_\_
\* Requires Federal ID Number

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. 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

**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. 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: \_\_\_\_\_



### 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: \_\_\_\_\_ Projected Open Date: \_\_\_\_\_

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.**

\_\_\_\_\_  
 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: \_\_\_\_\_