



South Carolina Board of Cosmetology

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SALON MANAGER CHANGE APPLICATION

Instructions

- Use this form for a change in manager. Return the current license with this application
- Salon Manager must be a current SC licensed cosmetologist, esthetician or nail technician.
- Application must be submitted within 10 business days.

Submit with the application:

- Check or money order only, in the amount of \$10 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 (A new inspection is not required.)

SALON INFORMATION

Salon Legal Name: _____ License No.: _____

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): _____

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

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

SALON MANAGER:

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



**SALON SELF-INSPECTION REPORT
 SALON MANAGER CHANGE FORM**

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. A new inspection is not required for a salon manager change.

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: _____