Instructions for a Salon License
Fees are Non-Refundable
Please Read Instructions Carefully

1) Salon must be in compliance with South Carolina statutes, regulations and sanitary rules prior to inspection. This salon application including the self-inspection report must be completed by the manager or owner. The completed application package including appropriate fee must be submitted to the board office within ten (10) business days prior to the opening date of the salon. A salon cannot open for business until an inspection has been conducted by a Board of Cosmetology inspector and the license has been received.

2) Salon applications are only valid for one year from the date received in the board office. After one year, if the application is incomplete, the owner or manager must submit a new application along with appropriate fees.

3) Payments must be submitted in the form of a money order, cashier’s check or personal/company check. CASH is not accepted.

4) An LLR inspector will contact the salon owner or manager by telephone to set up an inspection date and time.

5) The salon application must be accompanied by documented proof of the federal tax identification number (or EIN); OR the owner may use his/her social security number if it is a sole proprietorship.

6) A change in salon location shall be submitted to the board office at least twenty (20) days prior to the proposed opening date. If approved, through the inspection process, a new license number will be issued. The old license must be returned. Also submit a list of names and license numbers for all current booth renters.

(D) Change in Salon Location.
   (1) A salon license shall be valid only for the location named and shall not be transferable.
   (2) Any request for a change in salon location shall be submitted to the board through a new application, together with the required fee, twenty working days prior to the proposed opening in the new location.

7) A change in salon name or ownership shall be submitted to the board office and if approved a new license will be issued in the new salon name and/or new salon owner’s name. The old license must be returned. A change in ownership requires an inspection.

35-15 Licensure of Cosmetology, Nail Technology, and Esthetics Salons.
(E) Change in Salon Name and/or Salon Owner.
   (1) A salon license shall be valid only for the owner named and the salon named, and shall not be transferable.
   (2) Any request for a change in salon name and/or salon owner shall be submitted to the board through a new application, together with the required fee.

8) Closure of a salon requires submission of documentation of the closure date and return of the license immediately. If a salon is closing temporarily, the owner or manager shall notify the board within sixty (60) days.

(F) Salon Closure.
   (1) If a salon is closed permanently, the salon license shall be immediately returned to the board. If a salon is temporarily closed for more than sixty (60) days, the salon owner shall notify the board.

9) For a manager change, return the license with previous manager name, complete application and submit with $10 fee for duplicate license within ten (10) business days.

For additional information or assistance, contact the Board office (803)896-4588 or visit our Web site at www.llr.state.sc.us/pol/cosmetology.
提交一张现金支票、个人或认证支票或支付给SC美容学院的现金支票。

请注意：
- 仅限填写
- 营业名称
- 美容院（如适用）
- 美容师、美容师或美甲师
- 美容院（如适用）
- 美甲师
- 美容师
- 美甲师
- 混合
- 美容院业主
- SC许可证 #（如适用）
- 签名及日期
- 美容院经理
- SC许可证号
- 型号：RC、NT、ES
- 签名及日期
- 更改沙龙地点——前地址
- 更改沙龙名称——原名称
- 更改业主——原名称

费用表
- 新许可证 $100
- 经理/添加/更改 $10

费用均为非退换

提交一份现金支票、个人或认证支票或支付给SC美容学院的现金支票。

有关美容院管理者的说明
- 具有SC（美容师、美容师或美甲师）许可证的美容院管理者的当前SC（美容师、美容师或美甲师）许可证。
- **已记录联邦税号（FEIN）必须随申请附上。**
11b **Signature of Previous Owner**

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
</tr>
</thead>
</table>

12 Have you ever owned or managed a salon that is or has been disciplined by the Board?
   If yes, please supply a letter of explanation and supply the salon’s license number.

   - Owner: [ ] Yes  [ ] No
   - Manager: [ ] Yes  [ ] No

13 Have you read and understand the South Carolina Cosmetology Law and Regulations?
   [www.llr.state.sc.us/POL/COSMETOLOGY](http://www.llr.state.sc.us/POL/COSMETOLOGY) - Click on Laws/Policies on Right.

   - Owner: [ ] Yes  [ ] No
   - Manager: [ ] Yes  [ ] No

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

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

The undersigned, in making this application, affirms that he (or she) is the applicant named herein, and that the answers and information contained herein are true to the best of his (or her) knowledge and belief.

**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: Driver’s License Number; Full Name; Street Address, Phone Numbers and current SC Cosmetologist, Esthetician or Nail Technician License number if applicable.**

______________________________          ______________________________
Owner’s Signature                                      Owner’s Name (please print)

______________________________
Date

Sworn and subscribed to before me on this ______ day of ______________________ 20_____

______________________________          My Commission Expires ______________________
Notary Public

**All applications will be returned if not properly completed or appropriate fees not enclosed**
# SALON SELF-INSPECTION REPORT

**SALON NAME**

<table>
<thead>
<tr>
<th>Address</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
</table>

**Telephone**

<table>
<thead>
<tr>
<th>Include Area Codes</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Days of Operation</th>
<th>Times Open</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Planned Opening Date</th>
</tr>
</thead>
</table>

1. I have posted a copy of the State Sanitary Rules and Regulation 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. This salon/shop is permanently sealed off from any living quarters [Yes] [No]
10. This salon/shop meets the solid wall separation as required between barber and beauty shops. (if applicable) [Yes] [No]
11. I state this salon/shop is in compliance with all State Board licensing laws requirements [Yes] [No]
12. I have signed and posted a copy of this Self-Inspection report inside the salon/shop as required by law. [Yes] [No]

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As the owner or 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. If this form is not correctly submitted with the application for licensure, it will be returned for completion.

Upon inspection by the S.C. Department of Labor, Licensing and Regulation, if I am found to be 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 my shop license. Each violation could render fines up to $500 per violation.

**Owner or Shop Manager Signature**

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Sworn and subscribed to before me on this _______ day of __________________________, 20____

_________________________________________________________ My Commission Expires ___________________

Notary Public

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This form must be completed, signed and submitted with application and required fees before a license will be issued. Failure to properly do so will result in all paperwork being returned for accurate completion by the applicant. If you have any questions, call the LLR Division of Inspection at (803) 896-4415. You may view all the related laws online at [www.llr.state.sc.us/POL/COSMETOLOGY](http://www.llr.state.sc.us/POL/COSMETOLOGY).

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For office use only: Date Called ________________ Signature ____________________________________________