#### SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

## **BOARD OF BARBER EXAMINERS**

217 W Missouri Ave | Pierre, SD 57501 | Tel: 605.773.6193 barber@state.sd.us | dlr.sd.gov/barbers

# BARBER SHOP LICENSE RENEWAL APPLICATION

#### **ALL LICENSES EXPIRE ON MAY 31 EACH YEAR**

- 1. Every Registered Barber Shop must renew his or her shop license annually before June 1. Every Registered Barber must renew his or her barber license annually before June 1. IF YOUR APPLICATION IS POSTMARKED AFTER MAY 31, YOU MUST INCLUDE AN ADDITIONAL \$30 RESTORATION FEE AND A \$25 EXPIRED LICENSE FEE.
- 2. Please return your completed application, together with a money order, cashier's check, or personal check made payable to the **South Dakota Board of Barber Examiners and return to our office.**

| Barber Shop Name:                   |   | Shop License #:                       |              |       |
|-------------------------------------|---|---------------------------------------|--------------|-------|
| Owner:                              |   |                                       |              |       |
| Shop Address:                       |   |                                       |              |       |
| •                                   | (Street)  | (City)                                | (State)      | (Zip) |
| Mailing Address:                    |   |                                       |              |       |
| (Street) Registered Barber on Duty: |   | (City) (State) (Zip)<br>BL License #: |              |       |
| Shop Phone:                         | Cell Phone:   | #                                     | # of Chairs: |       |
| The above info                      | rmation is current  |                                       |              |       |
|                                     | renewing. NO fee is required if you on form to the Barber Board Office ev |                                       |              | e.    |
|                                     | Date Barber Shop Per  | manently Closed                       |              |       |
| DAYS & TIMES OPEN                   | FOR INSPECTION:   |                                       |              |       |
| Office Use ONLY:                    |   |                                       |              |       |
| Received                            | Check Number  | \$_                                   |              |       |

### PLEASE COMPLETE PAGE 2 IF RENEWING

\*Please Type or Print in Blue Ink\*

| CONTACT NAME:   |  |
|---|--|
| PHONE NUMBER:   |  |
| 14-28 shall be inspected annually by the Bo for the annual inspection. However, if the s  | . All barbershops after original inspection pursuant to SDCL 36-<br>ard of Barber Examiners, but the Board may not charge a fee<br>hop DOES NOT PASS the annual inspection and the inspector<br>ubsequent inspection, the Board of Barber Examiners may<br>inspection. |
| SHOP LICENSE RENEWAL  | \$225.00   |
| COST PER CHAIR  | \$20.00/Chair  |
| ANNUAL SHOP INSPECTION FEE  | \$150.00   |
| RESTORATION FEE (if late)<br>(Postmarked after May 31)                                    | \$30.00  |
| EXPIRED LICENSE FEE (if late)<br>(Note: fee accumulates per year)                         | \$25.00  |
| TOTAL PAID \$   |  |
| I declare and affirm under the penalties of<br>the best of my knowledge and belief, is in | perjury that this application has been examined by me, and to all things true and correct.   |
| SIGNATURE:  |  |

# **RETURN BY MAY 31 TO AVOID PENALTIES OR LATE FEES**