

BOARD OF BARBER EXAMINERS

217 W Missouri Ave | Pierre, SD 57501
Tel: 605.773.6193 | Fax: 605.773.7175
barber@state.sd.us | dlr.sd.gov/barbers

BARBER SHOP APPLICATION

To apply for a Barber Shop license, you must complete this form and return the original to the address shown above, along with either a money order, certified check, or personal check for the applicable fees below. Checks should be made payable to the SD Board of Barber Examiners.

Inspection Fee	\$ 125.00
Shop License	\$ 50.00
Chairs (\$10 per chair) ___ @ \$10.00/ea.	\$ _____
TOTAL REMITTANCE	\$ _____

Please Type or Print in Blue Ink

Barber Shop Name: _____

Name of Owner: _____

SS # OR EIN #: _____

Physical Address of Shop: _____
(Street) (City) (State) (Zip)

Mailing Address of Owner: _____
(Street) (City) (State) (Zip)

Registered Barber on Duty: _____ BL License #: _____

Shop Phone: _____ Cell Phone: _____ # of Chairs: _____

Days Closed (circle all that apply): M TU W TH F SA SU

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief is in all things true and correct.

Signature: _____ Date: _____

For Staff Use Only

Date Application Received: _____ Fees Paid: _____ CK#: _____

Date of Inspection: _____ Pass: _____ Fail: _____

Date Permanent License Issued: _____ Permanent License Number: _____