



Barber Shop Application Form

South Dakota Board of Barber Examiners
810 N. Main St., #298
Spearfish, SD 57783
605.642.1600
proflic@rushmore.com

To make an application for a Barber Shop license you must complete this form and return the original to the Board office at the address noted above. Please send the application and a money order, certified check or personal check for the applicable fees below. Checks should be made payable to SD Board of Barber Examiners.

Inspection Fee		\$
Shop License		\$
Chairs (\$10 per chair)	\$10.00/ea	\$
TOTAL REMITTANCE		\$

For Board Use Only		
Date Application Received: _____	Fees Paid \$_____	CK# _____
Date of Inspection: _____	Pass _____	Fail _____
Date Permanent License Issued: _____	Permanent License Number _____	

Please Type or Print in Blue or Black Ink

Barber Shop Name:

Name of Owner:

Physical Address of Shop:

(Street)

(City)

(State)

(Zip)

Mailing Address of Shop:

(Street)

(City)

(State)

(Zip)

Registered Barber on Duty:

License#

Shop Phone:

Shop Fax

of Chairs:

Please list days and times open for inspection:

Phone number for inspector to call to set up inspection:

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:

(mm/dd/yyyy)