

NC BOARD OF BARBER EXAMINERS
5809-102 Departure Dr.
RALEIGH, NC 27616

Assigned _____

For Office Use Only
Permit No. _____
Insp. & Appr. _____
Inspector _____
Date Issued _____

APPLICATION FOR A BARBER SHOP PRE-INSPECTION

A person must be the holder of an up-to-date Certificate of Registration as a Registered Barber in order to be eligible to fill out this application. No person shall hold more than one Shop Permit.

The Statutes provide that a newly established barber shop shall be inspected before a Permit can be issued and the fee for inspection of same shall be one hundred twenty dollars (\$120.00).

Date _____

I hereby make application for a permit to operate or manage a barber shop in the State of North Carolina. This application is made pursuant to the provisions of the laws of the State of North Carolina, Chapter 86A of the General Statutes, as amended.

1. Name of Barber Shop _____
Shop Address _____ County _____
City _____ Zip Code _____ Telephone No. _____
2. Name of Registered Barber Manager _____ License No. _____
Home Address _____ Social Security No. _____
City _____ Zip Code _____ Telephone No. _____
3. Name of Registered Barber Co-Manager _____ License No. _____
Home Address _____ Social Security No. _____
City _____ Zip Code _____ Telephone No. _____
4. What is the name and address of the shop you managed before this one?

5. Name of Owner (If different from # 2) _____
Home Address _____ Social Security No. _____
City _____ Zip Code _____ Telephone No. _____
6. Shop shall be a minimum of 196 square feet. Indicate shop's width _____ length _____
7. Type of equipment being installed. New _____ Used _____
If equipment is used, it must be in first class condition.
8. Will shop be open at all time during regular business hours? _____
If "No", please indicate business hours _____
9. Number of barber chairs _____ Number of barbers _____

10. Is shop located in a building or room of such construction that same may be easily cleaned at all times? _____ Indicate type of floor covering _____
11. Does shop have hot and cold water running? _____
12. Is shop well lit and ventilated? _____
13. Is there adequate toilet facilities within shop? _____
14. Indicate date when shop will be complete and ready for inspection _____

I, _____, have read and understand all the rules and regulations pertaining to the dimensions of a barber shop; and the rules and regulations pertaining to the employment of Apprentice barbers.

(Applicant's Signature) _____

I, _____, a Registered barber, License no. _____ DO HEREBY CERTIFY AND DECLARE, that if a barber shop permit to operate a barber shop in this state is issued to me as manager and operator of said shop as herein applied for that I will not act or attempt to act as manager or operator of said shop for any one except myself, unless I have full authority and control of same in every respect and shall be fully responsible for the entire operation of the said barber shop, and will display barber shop permit in a conspicuous place in shop. I further declare that when and if I cease to manage and operate said barber shop, I will notify the State Board of Barber Examiners and return barber shop permit, and I will comply with all the laws regulating barbers and barber shops in the State of North Carolina. I further declare that I will not operate a barber shop in this State until it has been inspected and approved by the Board and a barber shop permit has been issued. Should I fail to comply with the law regulating barbers and barber shops in the State of North Carolina, as well as the above, I understand that barber shop permit issued pursuant to the above provisions may be revoked as provided by law.

(Applicant's Signature) _____

STATE OF NORTH CAROLINA

County of _____

_____ First being duly sworn, deposes and says that he/she is the person making the foregoing application; that he/she has read the same in its entirety and knows the contents thereof and that all statements made herein are true in every respect.

(Signature) _____

Subscribed and sworn to before me this _____ day of _____, _____ (year).

Notary Public in and for the county of _____

My commission expires _____

OFFICIAL STATE SEAL MUST NOT BE OMITTED.