



North Carolina Board of Barber Examiners
BARBER SHOP PERMIT APPLICATION
7001 Mail Service Center, Raleigh, North Carolina 27699
Phone (919) 814-0640 • Fax (919) 981-5068
barbers.nc.gov • barberboard@nc.gov

STOP! PLEASE READ BEFORE YOU BEGIN!

- This application is **four pages long**. Please make sure you complete all pages.
- You must file this form at least 15 days before the shop will be ready for inspection.
- Do not leave any fields blank, unless the instructions say that the field is optional or that you can leave it blank. Otherwise, your application may be returned.
- Please be sure to have the form notarized and make sure it's legible.
- Send the completed form to the address above along with your payment.
- Please carefully review the requirements for shops in the board's rules. The rules are available at www.ncbarbers.com under "Resources" and then "Laws," or you can ask for a copy of the rules from the contact information at the top of this page. Shops that don't meet the requirements in rule or statute will not be licensed, and you may lose the inspection fee.

FEES

To open a barber shop, you will need to pay an inspection fee and a permit fee. Please pay by check, cashier check, or money order. Please **DO NOT** send cash.

- **Inspection fee \$120.** You must include the inspection fee with this application. Your application will not be processed without this fee.
- **Permit fee \$50.** You may also include the permit fee with the application, but you are not required to pay this fee until after you pass inspection. However, you cannot open the shop until you pay the permit fee. If you want to open the shop on the same day that you pass inspection, please include \$170, which includes both fees.

(Continued on the next page.)

SHOP INFORMATION

2. Name of barber shop. Please provide the name of the barber shop.

3. Date the shop will be ready for inspection. _____

4. Shop physical address. Please indicate the physical location for the shop.

Address: _____

Address: _____

City: _____ State: NC ZIP: _____

County: _____

5. Shop mailing address. Please indicate the current mailing address for the shop. If the mailing address is the same as the physical address, you may leave these fields blank.

Address: _____

Address: _____

City: _____ State: NC ZIP: _____

6. Other contact information (optional). We encourage you to provide up-to-date telephone, fax, or email information, if available.

Phone: _____ Fax: _____

Email: _____

7. Physical dimensions. Please indicate the width and length of the shop.

Width (feet): _____ Length (feet): _____

8. Fixtures and equipment. New Used Both

9. Number of barber chairs. _____

10. Business hours. Please indicate the expected business hours for the shop.

REGISTERED BARBER MANAGER

11. Registered barber manager. Please complete the information below for the person who will be the new manager. The manager:

- Must be a registered barber with a current license from our board.
- Cannot be manager of another shop or a barber school at the time he or she becomes manager of this shop.

Last name: _____ First name: _____ MI: _____
(Optional)

License number: _____

Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone (optional): _____ Fax (optional): _____

Email (optional): _____

SHOP OWNER

12. Is the registered barber manager also the shop owner? [] Yes [] No

If you answered yes to question 12, you may skip the rest of this section and go to the "Notarization" section below.

13. Shop owner. Please complete the information below for the person who owns the shop. If this person is the same as the registered barber manager, you may skip this section.

Last name: _____ First name: _____ MI: _____
(Optional)

Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone (optional): _____ Fax (optional): _____

Email (optional): _____

MAKE SURE YOU COMPLETE THE ATTESTATION ON THE NEXT PAGE

ATTESTATION

I, _____, the registered barber, declare that I shall have full control of the operation of the barber shop and will be fully responsible for the shop operations, I will comply with all laws regulating barber shops and barbers, and I will notify the Board of Barber Examiners and return the shop permit if I no longer manage the shop.

Manager signature: _____

STATE OF NORTH CAROLINA

County of _____

Notary signature: _____

Subscribed and sworn to before me this _____ day of _____

My commission expires on: _____