

BOARD OF BARBER EXAMINERS

217 W Missouri Ave | Pierre, SD 57501

Phone: 605.773.6193

barber@state.sd.us dlr.sd.gov/barbers

REGISTERED BARBER LICENSE RENEWAL APPLICATION

ALL LICENSES EXPIRE ON MAY 31 EACH YEAR

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.**

Please Type or Print in Blue Ink

Name: _____ License #: BL- _____

Owner: _____

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

Phone: _____ Email: _____

YES, I want to renew my barber license and the above information is current

I **WILL NOT** be renewing. NO fee is required if you choose not to renew at this time.
Please return form to the Barber Board Office even if not renewing.

Are you actively practicing Barbering? Yes No

| |
|--|
| Office Use ONLY: Received _____ Check Number _____ \$ _____ |
|--|

PLEASE COMPLETE PAGE 2 IF RENEWING

Name of Shop Where Employed: _____ Phone No: _____

Address: _____
Street or PO Box City State Zip

Shop Owner: _____

Since the date of issuance of your last renewal for a South Dakota Barber License:

1. Has this or any other state rejected your application or revoked your professional barber license or certificate?
Yes No If yes, which state or states? _____
(Please attach explanation)

2. Have you been convicted of a felony after being licensed in the State of South Dakota?
Yes No If yes, which state or states? _____
(Please attach explanation)

3. SDCL 225-7A-57 prohibits the issuance or renewal of any state regulated license if the licensee owes \$1,000.00 or more in past due child support. Do you owe \$1,000.00 or more in past due child support? Yes No

| | |
|---|-----------------|
| BARBER RENEWAL | \$200.00 |
| RESTORATION FEE (If postmarked after May 31) | \$30.00 |
| EXPIRED LICENSE FEE (Note: fee accumulates per year) | \$25.00 |
| TOTAL PAID | \$ _____ |

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: _____

RETURN BY MAY 31 TO AVOID LATE PENALTIES