



South Carolina Department of Labor, Licensing and Regulation

Board of Cosmetology

Synergy Business Park

110 Centerview Drive

Post Office Box 11329

Columbia, South Carolina 29211-1329

Phone: (803) 896-4588 Fax: (803) 896-4484

**BOOTH RENTER APPLICATION FOR COSMETOLOGISTS,
NAIL TECHNICIAN AND ESTHETICIANS**

Please complete this Booth Renters Application and
return it to the above address with the correct fee

Initial application fee is \$100.

or

Change of location

FEES ARE NON REFUNDABLE

Mail Bottom Portion With Fee (Only If The Salon Is Licensed)

Please check if changing location ()

To be completed by licensee:

Date: _____

Licensee Name: _____ License No _____

To be completed by Salon Owner/Manager:

Salon Name: _____ Phone #: _____

Salon License Number: _____

Salon Address: _____

City/State/Zip: _____

All information in this document is a public record subject to disclosure pursuant to the S C Freedom of information Act, except item designated with this symbol (*).

When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid. Please provide the following on your check: Drivers License #; Full Name; Street Address and Phone Numbers

Signature of Salon Owner/Manager

Date

AFFIDAVIT OF ELIGIBILITY

Pursuant to section 8-29-10 of the South Carolina Code of Laws (1976 as amended), the Department of Labor, Licensing and Regulation must verify the lawful U.S. presence of any person who applies for a South Carolina license. Please complete and sign this Affidavit of Eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. ____ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. ____ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. ____ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
 - b. ____ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. ____ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. ____ I am a US citizen, not physically present or employed in the United States.
 - b. ____ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check the acceptable secure and verifiable document(s) you hold. A copy of the verifiable document(s) must be attached to the Affidavit of Eligibility.

- ☐ A valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card. Number _____; Date of Expiration: _____
- ☐ A valid out-of-state issued photo Driver's License or photo identification card, photo driver's permit. State: _____; Number _____; Date of Expiration: _____.
- ☐ Permanent Resident Card; Alien Number _____; Card Number _____; Date of Expiration: _____.
- ☐ Employment Authorization Card; Alien Number _____; Card Number _____; Date of Expiration: _____
- ☐ Certificate of Naturalization with intact photo.
- ☐ Certificate of (US) Citizenship with intact photo.
- ☐ Other: (Name of verifiable document) _____

2. Enter the state or the federal agency name where the secure and verifiable document(s) was issued.

(If issued by a state agency, include both the state and agency name.)

3. Please provide your social security number: _____ / _____ / _____
(Include a copy of the card with the Affidavit)

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or seek reinstatement of a professional or commercial license as provided for in 8 U.S.C. §1621. I understand that state law requires me to provide proof that I am lawfully present in the United States.
- I understand that in accordance with section 8-29-10 of the South Code, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a felony.
- I am the person identified above, and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.

Signature

Date

Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

The South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.