

# STATE BOARD OF BARBER EXAMINERS

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**Mailing Address:**  
State Board of Barber  
Examiners  
PO Box 2649  
Harrisburg, PA 17105-2649

**Courier Address:**  
State Board of Barber  
Examiners  
2601 North Third Street  
Harrisburg, PA 17110

## SHOP LICENSURE APPLICATION

### Instructions and Requirements

**PLEASE NOTE:** this application is active for six months from the date of receipt in the Board office. If the application has not been successfully processed by that time, it will be necessary to re-apply with a new fee.

**This application is used to apply for initial (new) licensure of a barbershop, a COMPLETE change of ownership of an existing barbershop, or for change of physical location of an existing barbershop.**

**PLEASE READ CAREFULLY AND FOLLOW ALL INSTRUCTIONS. AN INCOMPLETE OR INCORRECT APPLICATION OR APPLICATIONS PRESENTED TO THE BOARD FOR CONSIDERATION OF A VARIANCE WILL DELAY THE LICENSURE OF YOUR SHOP. IF A VARIANCE IS BEING REQUESTED, INCLUDE A SKETCH OF YOUR SHOP AND AN EXPLANATION FOR THE VARIANCE YOU ARE REQUESTING.**

**YOU MUST KEEP A COPY OF THIS APPLICATION AND ALL ATTACHMENTS SUBMITTED WITH YOUR APPLICATION, TO INCLUDE THE SHOP LICENSE IF APPLICABLE.**

**YOU MUST ALLOW AT LEAST FOUR WEEKS FOR PROCESSING.**

1. **FEE:**

The required fee is \$110.00, check or money order, payable to "Commonwealth of PA". **DO NOT SEND CASH.** The required fee is for processing of the application and is non-refundable. This fee is required regardless of issuance of a license.

*A processing fee of \$20.00 will be assessed for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.*

2. **INSPECTION:**

When applying for licensure of any barbershop, the barbershop **CANNOT** be open/operating prior to inspection.

**RELOCATION:**

If relocating a barbershop, you must complete and file this application with the Board Office. Your *new location* cannot be open prior to inspection, however, you may continue to operate at your existing barbershop until inspection of the new location.

**CHANGE OF OWNERSHIP:**

If changing ownership of a barbershop, the *new owner cannot open or operate the barbershop until inspection.* The previous owner **MUST** return the barbershop license at the time of the change.

Inspection will be scheduled after successful review of a completed application. We will **NOT** schedule an inspection until all discrepancies are resolved.

**3. DELETING PARTNERS:**

If any partners are being deleted, a statement from the deleted partner(s) must accompany your application.

**4. CORPORATE APPLICANTS:**

If applicant is a corporation, be sure that the corporation is authorized to conduct business within Pennsylvania. To register the corporation, contact the Pennsylvania Corporation Bureau at 717-787-1057 or www.dos.state.pa.us.

**5. FICTITIOUS NAME (TRADE NAME) REGISTRATION:**

If you will be using a first name or any other name than your own last name (surname), it would be considered a fictitious name and must be registered with the Corporation Bureau as a fictitious name. You may contact the Corporation Bureau at 717-787-1057. While the proof of registration of a fictitious name need not be submitted with this application, it is the shop owner's responsibility to ensure that a fictitious name is properly registered.

**6. ZONING:**

You are not required to submit zoning approval with this application; however, you should check with the zoning board in your area to be sure you are permitted to operate your shop. Zoning approval is a matter between you and your zoning board.

**7. SHOP ADDRESS:**

Licenses must be issued to the barbershop's physical address. Licenses will not be issued solely to a post office box number; however, a post office box number may be included along with the physical location. The post office box number must be from the same post office area of the shop location.

**8. SHOP MANAGEMENT:**

Each barbershop must be managed by a licensed barber, manager or barber teacher or designated barber licensee in charge. The name of the owner and supervisor must be posted in a conspicuous place in the barbershop. A barber manager or barber teacher is required to supervise if the shop has a student training or an individual with temporary authority to practice permit. For a shop to be given the authority to practice, the facility must be ready to operate at the time of inspection. This includes the requirement for a barber licensee to be the shop owner or employed by the shop at the time of inspection.

**9. SHOP SPACE REQUIREMENTS:**

If a shop does not meet the minimum space requirements, a space variance may be requested. The Board will consider any reasonable variance request. For information on requesting a variance, refer to INSTRUCTION #13. *All shops must be separated from any other businesses by permanent walls or partitions and the entire shop area must be adjoining.*

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**MINIMUM WIDTH REQUIREMENT FOR ALL SHOPS = 12 FEET**

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<b>NUMBER OF CHAIRS/STATIONS:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>REQUIRED LENGTH IN FEET:</b>	<b>15</b>	<b>20</b>	<b>25</b>	<b>30</b>	<b>35</b>	<b>40</b>	<b>45</b>	<b>50</b>	<b>55</b>	<b>60</b>

*Add five (5) additional feet in length for each additional chair/station.*

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**10. SHOP EQUIPMENT REQUIREMENTS:**

All shops must meet the following minimum equipment requirements. For each additional licensee, supplies and equipment must be increased so that each licensee can practice in a safe and efficient manner.

One barber pole, or a sign indicating that barbering services are being performed	One cabinet or closet for mops, brooms and the like
A stand and mirror or the equivalent	One hair clipper for each chair in operation
One hand mirror	Two razors for each chair in operation, at least one of which is non disposable
One barber chair which revolves, reclines and has a headrest	Two shears for each chair in operation
A sanitary headrest for every two chairs	Combs for each chair in operation
A closed container for clean towels	One strop
A covered waste container for each chair	One tweezers
One covered soiled towel receptacle for each chair	One hone
At least one washstand for every two chairs	Sanitary towels for each chair
Running hot and cold water in every washstand	Two clean haircloths for each chair
A supply cabinet for stock of towels and supplies	Neck strips and dispenser
Seating accommodations for at least three persons	Disinfecting solution
One clothes tree or its equivalent to accommodate the wraps of at least three customers	Proper disinfecting equipment
	Hair tonic, face lotion, cold cream and massage cream
	Powder or liquid styptic

**11. GENERAL REQUIREMENTS:**

Every barber shop must meet the following minimum general requirements:

- Adequate lighting
- Sufficient amount of floor space (Instruction #10)
- Ample lighting
- Facilities for heating
- Proper ventilation
- Clean walls and ceilings
- Suitable flooring (hardwood, tile, composition, linoleum) in the work area.
- Readily accessible toilet facilities maintained in a sanitary condition.
- Running hot and cold water
- A barbershop may not be located in a food store, soft drink parlor, restaurant, coffee shop or in a place where foodstuffs are kept for sale in other than the original package, unless separated by a solid partition extending from floor to ceiling. If the partition contains a door, the door must be kept closed.

**12. HOW TO REQUEST A SHOP SPACE VARIANCE:**

If your shop does not comply with the required width or total square footage, you may request a variance. To request a variance, you must submit a detailed sketch of the shop layout with your application. The sketch must be on 8½" x 11" paper and must indicate the position of all doors, windows, partitions, shampoo basins, lavatories, adjustable chairs and other floor equipment. You must also indicate length and width and total square footage for each divided area of the sketch.

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**APPLICATION FEE: \$110.00, by check or money order made payable to the "Commonwealth of PA".**

For processing staff use only  
 Application Number:  
  
 Staff initials:

### 1. APPLICANT (OWNER) NAMES

*Print the names of ALL owners (licensed or unlicensed). Provide the license number of each licensed owner. If the shop is owned by a corporation, include a copy of the certificate of incorporation and provide the corporate name and list all corporate officers with their names and titles. Use additional pages if necessary.*

OWNERS/OFFICERS NAMES	OWNERS LICENSE NUMBERS (IF APPLICABLE)																				
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### 2. SHOP INFORMATION

**A. SHOP SIGN:** Provide the name exactly as shown on your sign Refer to instruction #6 regarding registration of a fictitious (trade) name →→→→→→→→→→→→→→→→

**Is this name registered with the Pennsylvania Corporation Bureau as a fictitious name?**    **YES**    **NO**  
 (If the owner's last name is not included in the trade name, it is a fictitious name and should be registered with the Corporation Bureau.)       

**If NO, you MUST provide an explanation below or your application cannot be processed.**

**B. SHOP ADDRESS:**

(If changing address, be sure to provide the new address here)    Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: **PA** Zip Code: \_\_\_\_\_

**SHOP TELEPHONE:**          **EMAIL**

**PREVIOUS OWNER'S LICENSE NUMBER: (IF APPLICABLE)**

### 3. PROPER MANAGEMENT OF SHOP

Except for shops in which only one barber is working, all Barbershops must be managed by a licensed barber manager. The name of the owner and barber supervisor must be posted in a conspicuous place in the barbershop. This individual must be available to inspectors.

Name of Barber or Barber Manager	License Number of Barber Designated in Charge	Signature of Licensee (Barber or Barber Manager)																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					

**4. HOME ADDRESS AND TELEPHONE NUMBER**

Provide the name, home address and telephone number of one owner/officer who can be contacted during daytime hours:

Owner/Officer Name:

Primary Telephone #

Alternative Telephone #

Street Address:

City:

State:

Zip Code:

**5. OWNER ATTESTATION (Required)**

**EACH SECTION BELOW MUST BE ANSWERED:**

**A** Provide the total number of chairs/stations in your shop:

**B SHOP DIMENSIONS:**

Refer to INSTRUCTION #10

Length:

Width:

Total Square Footage:

**C** My shop meets the minimum equipment requirements for the type of shop for which I am applying as outlined under INSTRUCTION #11. I have also reviewed the BOARD REGULATIONS and POLICIES/INTERPRETATIONS on page 4 and agree not to perform any services in my shop that are prohibited. (If no, the application cannot be processed)

YES

NO

**D** My shop fulfills all of the general requirements listed under INSTRUCTION #12. (If no, the application cannot be processed)

**6. OWNER'S OATH (Required)**

**All owners must sign below. If applicant is a corporation, all officers must sign.**

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.

I further understand that an inspection of my shop will be made to determine compliance with all Board requirements. I am aware that if a bureau inspector determines that I have not correctly answered any questions provided within this application or if my shop does not meet all requirements for licensure, authority to operate will not be given at the time of inspection and I will be responsible for all applicable re-inspection fees.

SHOP TRADE NAME \_\_\_\_\_

Owner/Officer

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Officer

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Officer

Signature: \_\_\_\_\_ Date: \_\_\_\_\_