**NO FEE REQUIRED**

**BARBER SHOP REMODEL APPLICATION**

**THIS FLOOR PLAN MUST BE POSTED IN THE BARBER SHOP**

Application must be typed or printed

<table>
<thead>
<tr>
<th>Shop Name:_____________________________</th>
<th>Shop Phone No. _______________</th>
<th>Shop ID No.__________________</th>
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</thead>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zip code</th>
<th>County</th>
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<table>
<thead>
<tr>
<th>Barber in Charge_______________________</th>
<th>ID No.________________________</th>
</tr>
</thead>
</table>

**ALL SHOPS MUST HAVE A SINK AT EACH WORK STATION NOT MORE THAN 5FT. FROM THE CENTER OF THE BARBER CHAIR**

A legible drawing must be completed by all applicants, including those applying for a change of ownership or change of shop name.

Do not submit blueprints or other sketches

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**NOTE:** the drawing is to include: walls, windows, doors and all rooms including restrooms, tanning and manicurist. CLEARLY LABEL ALL EQUIPMENT. All dimensions must be shown, including distance between chairs and sinks. Resident shop floor plan include shop location in relation to the living quarters. If Barber/ Beauty combination, both must be drawn. If only renting a chair (self-employed) you must sketch the entire shop and clearly indicate the location of your chair.

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**Owner Name (Please Print)_____________________________**

License Number: ____________________

**Owner Signature_____________________________**

**Inspector Signature:_____________________________**

Date: ______________