

APPLICATION FOR NEW BARBERSHOP INSPECTION

NAME OF BARBER SHOP _____

OWNER/MANAGER _____

SHOP STREET ADDRESS _____

CITY _____ ZIP _____ COUNTY _____

SHOP PHONE NUMBER _____

OWNER/MANAGER PHONE NUMBER _____

AFTER WHAT DATE WILL YOUR SHOP BE READY FOR THE INSPECTION

Please return this completed application form mailed to the address below, along with a check or money order in the amount of \$100.00 (new shop inspection fee) made out to ND State Board of Barber Examiners. The secretary/ treasurer will then forward this application to the board member responsible for your area of the state and he/she will contact you and schedule a date for the new shop inspection.

ND Barber Board
1325 Demers Ave
Grand Forks ND 58201