

APPLICATION FOR NEW BARBER SHOP INSPECTION

Name of Barber Shop _____

Owner/Manager _____

Shop Street Address _____

City _____ Zip _____ County _____

Shop Phone Number _____

Owner/Manager Phone Number _____

After what date will you be ready for an inspection? _____

Please return this completed application form mailed to the address below, along with a check/money order in the amount of \$100.00 (new shop inspection fee) made payable to the 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 a new shop inspection.

Send application to:

Tona Stevenson Secretary/Treasurer

122 8th Ave. NW
Minot, ND 58703