DECLARATION

I DO HEREBY CERTIFY AND DECLARE that I have / have never been convicted of a felony; that I have not been guilty of malpractice or incompetency either as an apprentice barber or barber; that to my knowledge I have no infectious or contagious diseases, tuberculosis or communicable diseases; that to my knowledge I have not advertised by means of knowingly making false or deceptive statements as a barber; that I have not advertised, practiced or attempted to practice under another’s trade name or another’s name as a barber; that I am not a habitual drunkard, and free from the use of any kind of morphine, cocaine or other habit forming drug; that I have not practiced by fraudulent representation as a barber; that I have not attempted to obtain the permit to practice as a barber, to be issued hereunder, for any money other than the required fee or any other thing of value or by fraudulent representation; that only, if and when, I have obtained a certificate of registration as a registered barber will I personally manage or operate any barbershop or establishment or supervise or control the work of any barber; that if and when I obtain a certificate of registration as a registered barber will I keep any and all barbershops and establishments, of which I am owner, manager, or operator, open during business hours to inspection by any member of the Board of Barber Examiners or their duly authorized agents, and that I will post a copy of my license and all regulations and sanitary requirements duly adopted by the Board and furnished to me, in a conspicuous place therein, and that I will not use for residential or business purposes any room or place for barbering, of which I am owner, manager or operator. Neither will I permit any person to sleep in any room used wholly or in part as such a shop or parlor.

Signature of applicant_______________________________________________________

THE STATE OF__________________

County of _______________________

Country_________________________

Before me, the undersigned authority, this day personally appeared____________________________.
To me well known, and who, after being duly sworn, and deposes and that he/she is the person making the foregoing application, that he/she has read the same in its entirety and that all the statements are true, and correct in every respect.

Signature of Applicant_____________________________

Sworn to and subscribed before me this ___________day of ______________________, A.D. 20_____

Notary Public in and for the County
of ______________. State of _______________

(SEAL)      My commission expires ______________, 20__