Cosmetology Inspector:

JUDY MYATT
502-382-8354

Kentucky State Board of
Hairdressers & Cosmetologists
111 St. James Court, Suite A
Frankfort, KY 40601
(502) 564-4262
WWW.KBHC.KY.GOV

KBHC USE ONLY

License# _____

Barber/Beauty Plan Approved _____

Date Issued/Processed: _____

Beauty Salon ☐ $35.00

Nail Salon ☐ $35.00

Esthetic Salon ☐ $125.00

Please check type of location:

Business ☐ Residential ☐

NEW SALON APPLICATION

PRINT THE INFORMATION & WRITE DISTINCTLY IN ALL SPACES OR THE APPLICATION WILL NOT BE APPROVED.
Payment for license with debit or credit will be accepted ONLY with Internet service available at the time of inspection. Applications mailed in to the state board must be accompanied with the correct fee in the form of a cashiers check or money order. Salons can NOT open or offer services until salon license is processed through KBHC.

Name of Salon: _____ County: _____
(No more than 30 Characters including spaces)

Physical Address: _____
(City) (State) (Zip Code)

Mailing address: _____
(City) (State) (Zip Code)

Phone Number: (_____) _____ Secondary Phone Number (_____) _____

Owner(s) Name: _____ S.S. #, or Tax ID# _____
(Legal Name; No Nicknames)

Salon Owner Signature: _____ Date: ____/____/____

Salon Owners Home Address: _____
(City) (State) (Zip Code)

Manager(s) Name: _____ License Number: _____
(Legal Name; No Nicknames)

Salon Manager Signature: _____ Date: ____/____/____
The manager must hold a current license (Cosmetologist, Nail Tech, or Esth.) in the state of Kentucky

I HEARBY STATE THE ABOVE SAID PROPERTY MEETS ALL REQUIREMENTS OF LOCAL ZONING REGULATIONS.
**SIGNATURE OF ZONING COMMISSIONER/BUILDING INSPECTOR OR ELECTED OFFICAL **
_____ Date: ____/____/____

THE ABOVE SAID PROPERTY HAS BEEN INSPECTED BY ME AND FOUND TO MEET STATE PLUMBING REQUIREMENTS. (STATE PLUMBING PHONE # 502-573-0397)

*State Plumbing Inspector Signature: _____ Date: ____/____/____

I HEREBY STATE THE ABOVE SALON HAS BEEN INSPECTED BY ME AND FOUND TO MEET ALL REQUIREMENTS FOR THE ABOVE SALON IN ACCORDANCE WITH THE ADMINISTRATIVE REGULATIONS OF THE KENTUCKY STATE BOARD OF HAIRDRESSERS & COSMETOLOGISTS.

*State Salon Inspector Signature: _____ Date: ____/____/____

NOTES FROM COSMETOLOGIST INSPECTOR IF APPLICABLE:

Revised 11/2012