**Cosmetology Inspector:**

**MARGARET BANKS**
**502-382-8359**

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

**KBHC USE ONLY**
**License#** _____
**Date Issued/Processed:** _____
**Hours of Operation:** _____

**Kiosk** ☐ **$25.00**

**Business** ☐ **$25.00**

**Residential** ☐ **$25.00**

# THREADING ESTABLISHMENT

All sections of this application must be completed or the application will not be accepted. All fees must be in the form of a cashiers check or money order.

201 KAR 12:060 INSPECTIONS: 4 (1) All establishments licensed by this board shall be inspected a minimum of two (2) times per year.

**Name of Establishment:** _____ **County** _____
(30 or less Characters)

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

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

**County:** _____ **Business Number:** (_____) _____-_____

**Name of Owner:** _____
(First) (Middle) (Last)

**Social Security Number:** _____-_____-_____ **Date of Birth:** _____-_____-_____

**Owners Home Address:** _____
(Street) (City) (State) (Zip Code)

**Owners Phone number:** (_____) _____-_____ **Salon Owner Signature:** _____

**Manager(s) Name:** _____ **License Number:** _____

**Salon Manager Signature:** _____ **Date:** _____

****Has Owner or Manager been convicted of a felony? YES ____ NO ____** If yes, you must submit documentation.**

_____ Date: _____
***SIGNATURE OF ZONING COMMISSIONER/BUILDING INSPECTOR OR ELECTED OFFICAL (MALL MANAGEMNET SIGNATURE REQUIRED FOR KIOSK) THE ABOVE SAID PROPERTY MEETS ALL REQUIREMENTS OF LOCAL ZONING REGULATIONS.**

_____ Date: _____
***SIGNATURE OF STATE PLUMBING INSPECTOR (NOT REQUIRED FOR KIOSK) THE ABOVE SAID PROPERTY HAS BEEN INSPECTED BY ME AND FOUND TO MEET STATE PLUMBING REQUIREMENTS. (STATE PLUMBING PHONE # 502-573-0397)**

_____ Date: _____
*** SIGNATURE OF STATE SALON INSPECTOR 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.**

**SEE 201 KAR 12:100 FOR SANITATION STANDARDS**

**Revised 7/2012**