Cosmetology Inspector:

SHERRY BRADEN
502-382-8357

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# _____

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

Please follow the directions to complete this form by using the information on the back of this application.

Name of Salon: _____ **(30 or less Characters)**

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

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

County: _____ **Phone Number:** _____

Owner(s) Name: _____ **S.S. #, or Tax ID#** _____

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

- **Pursuant to KRS 164.772(3), are you, as owner, in default on any repayment obligation under any financial assistance program with the Kentucky Higher Education Assistance Authority (KHEA) YES** _____ **NO** _____

Salon Owner Signature: _____ Date: _____

Salon Manager Signature: _____ Date: _____

THE ABOVE SAID PROPERTY MEETS ALL REQUIREMENTS OF LOCAL ZONING REGULATIONS.

_____ Date: _____
*SIGNATURE OF ZONING COMMISSIONER/BUILDING INSPECTOR OR ELECTED OFFICAL

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 PLUMBING 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.

_____ Date: _____
* SIGNATURE OF STATE SALON INSPECTOR

NOTES FROM COSMETOLOGIST INSPECTOR IF APPLICABLE: