Cosmetology Inspector:

AMANDA BOSWELL
502-382-8355

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

Current License# _____

Date Processed: _____

Beauty Salon ☐

Nail Salon ☐

Esthetic Salon ☐

PLUMBING CHANGE ONLY
NO FEE

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

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

County: _____ **Phone Number:** _____

Owner(s) Name: _____ **Lic. #, 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 HAS BEEN INSPECTED BY ME AND FOUND TO MEET STATE PLUMBING REQUIREMENTS. (STATE PLUMBING PHONE # 502-573-0397)

_____ Date: _____
SIGNATURE OF STATE PLUMBING INSPECTOR

NOTES FROM THE PLUMBING INSPECTOR IF APPLICABLE:

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: