

**KBHC USE ONLY**  
**APP #**

**NEW LICENSE #**

**DATE ISSUED:**

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

**INDEPENDENT CONTRACTOR LICENSE APPLICATION**

- 1) **\$35.00 FEE required-Esthetician FEE is \$125.00** Cashiers Check or Money Order must accompany application for license. (NO CHECKS as of April 15, 2010)
- 2) Personal license (Cosmetologist, Nail Tech, and Esthetician) and Independent Contractor license must be posted in the salon with a current photograph of licensee at all times.
- 3) All Licenses must be renewed from July 1<sup>st</sup>-July 31st of each year.
- 4) A new independent contractor license must be purchased each time you change salons/locations or the salon owner makes a change of ownership.
- 5) You may apply for a new Independent Contractors license at [hnslicense.net](http://hnslicense.net) using your screen name and password from your renewal form.
- 6) **APPRENTICES CAN NOT BE INDEPENDENT CONTRACTORS**

**PLEASE PRINT & WRITE DISTINCTLY IN THE FOLLOWING SPACES. ALL SECTIONS MUST BE COMPLETED OR APPLICATION WILL NOT BE ACCEPTED**

Last Name	First Name	Middle/Maiden
Home Address	City, State, Zip Code	Contact Phone #
Social Security #	Personal License # (Cosm, Nail Tech, or Esth lic # Not Driver's License #)	
Salon Name	Salon License #	County
Salon Address	City, State, Zip Code	Salon Phone #

\*\*By my signature below, I certify that I own the above named salon and will rent a booth space in the above named salon to the applicant whose name appears above. I accept responsibility for making sure the renter maintains a current-active status Kentucky license by the same agency (KBHC). I understand that it is a violation of Kentucky State Law to rent a booth to an unlicensed person.

Salon Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Pursuant to KAR 164.772 (3), are you, as an independent contractor, in default on any repayment obligation under any financial assistance program with the Kentucky Higher Education Assistance Authority (KHEAA):  
YES \_\_\_\_\_ NO \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_