

Return this application to:

State Board of Hairdressers & Cosmetologists
111 St. James Court, Suite A, Frankfort, Kentucky 40601

**ATTACH 2 x 2 HEADSHOT
PHOTOGRAPH
HERE
PHOTO QUALITY ONLY!!
NO PAPER COPIES
ACCEPTED!**

Date photo was taken:

Threading Permit Application

APPLICANT MUST SIGN FULL NAME, USE NO INITIALS
PLEASE FILL IN ALL BLANKS BELOW

License fee of Twenty dollars (\$20.00) must accompany this application. Payment must be made in the form of a Cashiers Check or Money Order. No personal or business checks will be accepted.

COPY OF DRIVERS LICENSE OR STATE ID

NOTE – The applicant is required to provide the following information; make no changes on the printed form; write distinctly with ink. Give full name; use no initials.

1. Full Name _____
(First) (Middle) (Maiden) (Last)

2. Home Address _____
(Street Address) (City, State, Zip Code)

3. Social Security #: _____ - _____ - _____ Date of Birth: _____ Male ___ Female ___

****Applicant must provide two contact numbers. ****

4. Phone # (_____) _____ - _____ Alternate Phone# (_____) _____ - _____

5. **Name** and **Address** of shop in which Threading will be serviced: _____

Signature of Facility Owner _____ **Facility License #:** _____

Facility Telephone #: (_____) _____ - _____

6. Have you been convicted of a felony that **has not** previously been reported to the board office? Yes No
If you answered yes, documentation of felony must be attached to this application for review by the Board.

Signature of Applicant _____ Date _____

You must have this application notarized by a Notary Public.

STATE OF _____ COUNTY OF _____

Before me personally appeared _____
Whose signature and photograph are affixed to this application, and made oath and says that all the foregoing statements are true and correct.

Subscribed and sworn before me this _____ day of _____

Notary Public, in and for _____ County, State of _____

NOTARY PUBLIC

Commission Expires _____