

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# _____
(Print Legal Name; No Nicknames)

Salon Owner Signature: _____ Date: _____

- 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 _____

Manager(s) Name: _____ License Number: _____
(Print Legal Name; No Nicknames)

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)

PRINT STATE PLUMBING INSPECTOR NAME

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: