Cosmetology Inspector:

SUSAN DOTSON
502-382-8360

Kentucky State Board of
Hairdressers & Cosmetologists
111 St. James Court, 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

PRINT THE INFORMATION & WRITE DISTINCTLY IN ALL SPACES OR THE APPLICATION WILL NOT BE APPROVED.
Payment for license with debit or credit will be accepted ONLY with Internet service available at the time of inspection. Applications mailed in to the state board must be accompanied with the correct fee in the form of a cashiers check or money order. Salons can NOT open or offer services until salon license is processed through KBHC.

Name of Salon: _____ County: _____
(Print Name of Salon; only 30 Characters available including spaces)

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

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

Phone Number: (_____) _____ Secondary Phone Number (_____) _____

Legal Name of Owner: _____ S.S. #, or Tax # _____
(Print Legal Name; No Nicknames)

Salon Owner Signature: _____ Date: ____/____/____

Salon Owners Home Address: _____
(City) (State) (Zip Code)

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

Salon Manager Signature: _____ Date: ____/____/____
*The manager must hold a current license (Cosmetologist, Nail Tech, or Esth.) in the state of Kentucky**

I HEARBY STATE THE ABOVE SAID PROPERTY MEETS ALL REQUIREMENTS OF LOCAL ZONING REGULATIONS.
**SIGNATURE OF ZONING COMMISSIONER/BUILDING INSPECTOR OR ELECTED OFFICAL **

_____ _____ Date: ____/____/____
*Print Name *Sign Name

THE ABOVE SAID PROPERTY HAS BEEN INSPECTED BY ME AND FOUND TO MEET STATE PLUMBING REQUIREMENTS. (STATE PLUMBING PHONE # 502-573-0397)

_____ _____ Date: ____/____/____
*Print State Plumbing Inspector Name * 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.

*State Salon Inspector Signature: _____ Date: ____/____/____

NOTES FROM COSMETOLOGIST INSPECTOR IF APPLICABLE: