

THE KENTUCKY STATE BOARD OF HAIRDRESSERS & COSMETOLOGISTS  
111 ST. JAMES COURT STE A, FRANKFORT, KY 40601  
PHONE (502) 564-4262

**TRANSFER OF OWNERSHIP APPLICATION**

KBHC USE: App #: \_\_\_\_\_ New Salon Lic #: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
SALON TYPE: BUSINESS: \_\_\_\_\_ OR RESIDENTIAL: \_\_\_\_\_

**PRINT THE INFORMATION REQUIRED & WRITE DISTINCTLY IN THE FOLLOWING SPACES. ALL SECTIONS MUST BE COMPLETED OR THE APPLICATION WILL NOT BE ACCEPTED. YOU MUST HAVE AN UPDATED INSPECTION TO OPEN. CONTACT YOUR COSMETOLOGY STATE INPSECTOR TO HAVE YOUR BUISNESS LICENSE ISSUED.**

**Applications that are mailed into the office, after the cosmetology state inspector signs this document must be accompanied with the correct fee in the form of a cashier's check or money order.**

PLEASE CHECK LICENSE TYPE: \_\_\_ Beauty Salon \$35.00 \_\_\_ Nail Salon \$35.00 \_\_\_ Esthetic Salon \$125.00

Previous Salon Name \_\_\_\_\_ Previous Salon License # \_\_\_\_\_

Address: \_\_\_\_\_ Date Out of Business: \_\_\_\_\_  
(Street) (City) \*Provide Accurate Date\*

Previous Owner: \_\_\_\_\_ Previous Manager: \_\_\_\_\_

Previous Owner Signature: \_\_\_\_\_

New Salon Name: \_\_\_\_\_ County: \_\_\_\_\_  
(No more than 30 Characters)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Physical Address: \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Business Phone Number: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Tax ID # if Owner is NOT licensed by KBHC)

Salon Owner: \_\_\_\_\_ Personal Contact Number: (\_\_\_\_) \_\_\_\_\_

Owners Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Salon Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The salon Owner must list the last salon (if applicable) owned and operated in the state of Kentucky.**

\_\_\_\_\_  
(Salon Name) (Street Address) (City) (Previous License #) (Yes) (No)  
(Salon still Open)

Salon Manager: \_\_\_\_\_ Managers Signature: \_\_\_\_\_

Cosmetologist, Nail Tech., or Esthetic License #: \_\_\_\_\_ Date: \_\_\_\_\_

**The manager must be a current & Active Licensee (Cosmetologist, Nail Tech, or Esth.) in the State of Kentucky.**

**201 KAR 12:060 Section 4. (2) The Owner and manager of each establishment licensed by the board are responsible for compliance with KRS Chapters 317A, 317B and 201 KAR Chapter 12.**

If you have made plumbing changes (added or removed shampoo bowls, sinks or pedicure chairs) you must have an updated inspection with your State Plumber. **\*You must have an inspection done by the Cosmetology Inspector to complete the transfer of ownership and obtain your business license, until then this location is considered out of business and does not have a current license to operate.** Please visit [WWW.KBHC.KY.GOV](http://WWW.KBHC.KY.GOV) for local laws and regulations.

Signature of State Plumber: (502) 573-0397 \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Cosmetology Inspector: \_\_\_\_\_ Date: \_\_\_\_\_