



KENTUCKY STATE BOARD OF HAIRDRESSERS AND COSMETOLOGISTS

Matthew G. Bevin
Governor

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Beni Sue Parsons
Administrator

SCHOOL MANAGER CHANGE APPLICATION

Fee: \$250.00

Attention: Please submit a cashiers check or money order as a form of payment with this application.

KBHC USE ONLY: SCHOOL LICENSE #: DATE ISSUED:

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

School Name:
School License # County
Physical Address: (City) (State) (Zip Code)
Mailing Address: (City) (State) (Zip Code)
Business Phone Number: () Fax # ()
Email address
Owner: Signature: Date:
Manager: Signature:
Instructor License #: Date
The manager must be a current & Active licensed instructor in the state of Kentucky.

Previous School Manager: License #

Signature:

Last date employed as manager

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