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.**

**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. Current 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 _____

*Revised February 2013*