Kentucky Board of
Hairdressers and
Cosmetologists

111 St. James Ct. , Suite A • Frankfort, KY 40601 • (502)-564-4262 • www.KBHC.ky.gov

# License Restoration Application

## Personal Licenses

| | | |
|---|---|---|
| ☐ | Apprentice Cosmetologist | $ 75.00 |
| ☐ | Regular Cosmetologist | $ 75.00 |
| ☐ | Nail Technician | $ 75.00 |
| ☐ | Threading Permit | $ 20.00 |
| ☐ | Apprentice Instructor | $ 75.00 |
| ☐ | Cosmetology Instructor | $ 100.00 |
| ☐ | Esthetician | $ 125.00 |
| ☐ | Esthetics Instructor | $ 150.00 |
| ☐ | Dual Instructor | $ 220.00 |

## Facility Licenses

| | | |
|---|---|---|
| ☐ | Beauty Salon | $ 75.00 |
| ☐ | Nail Salon | $ 75.00 |
| ☐ | Threading Facility | $ 20.00 |
| ☐ | Esthetics Salon | $ 150.00 |
| ☐ | Cosmetology School | $ 750.00 |

**Applicant Must Submit a Copy of their Government Issued Photo ID With This Application.**
**Applicant is required to provide ALL requested information listed. Incomplete applications will be returned.**

Name: _____
First Middle/Maiden Last

Address: _____
Street Address

_____
City State Zip Code

License Number: _____ Social Security Number: _____ Birth Date: _____

Phone Number: _____ Email Address: _____

Have you been convicted of a felony? ☐ Yes ☐ No

I understand that withholding information requested on a KBHC application, or giving false or misleading information, may be grounds for denial of examination and/or licensure with the Kentucky State Board of Hairdressers and Cosmetologists. I certify that all the information and statements I have provided in this application are current, correct, and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____

For KBHC Use Only: Date Expired: _____ Date Processed: _____ Application #: _____