



Andy Beshear
Governor

Julie M. Campbell
Executive Director

1049 US HWY 127 Annex #2 • Frankfort, KY 40601 • (502)-564-4262 • www.KBC.ky.gov

Manager Change Form

Applicant is required to provide ALL requested information listed. List all Employees on the Employee Information Sheet.
Incomplete applications will not be processed.

Salon License Fee \$50.00

School License Fee \$50

Beauty
Nail
Esthetic
Limited Facility

Facility Type:
Business
Residential

Cosmetology
Nail
Esthetics

Facility Name: _____ Facility County: _____

Physical Address: _____
Street City State Zip code

Mailing Address: _____
Street City State Zip code

Facility License Number: _____ Business Phone Number: _____

Email (Required): _____

Salon Owner Name: _____ Phone Number: _____

• Sole Owner Must Provide Copy of Government Issued Photo ID

Owners Home Address: _____
Street City State Zip Code

Salon Owners Signature: _____ Date: _____

Previous Salon Manager: _____ Date Terminated: _____
Month/Day/Year

• Manager Must Provide Government Issued Photo ID; Must Hold Current and Active License with KBC

Print New Managers Name: _____ License Number: _____

New Managers Signature: _____ Date: _____

The Owner and Manager of each establishment licensed by the board are responsible for compliance with KRS Chapters 317A and 201 KAR Chapter 12.

I understand that withholding information requested on a KBC application, or giving false or misleading information, may be grounds for denial of examination and/or licensure with the Kentucky Board of Cosmetology. 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: _____

For KBC Use Only: Salon License: _____ Date Processed: _____
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Employee Information Sheet

Employee Information Sheet

Employee/Booth Renter Name

License Number

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____

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