



Andy Beshear
Governor

Julie M. Campbell
Executive Director

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

Limited Facility Application Instructions

- ALL requested information must be provided with no changes to the printed form. Incomplete or incorrect applications WILL NOT be accepted.
- Type or write legibly with black or blue ink only. State full legal name of owner and manager (name changes must be accompanied by official name change documents.)
- The salon owner and manager are required to attach copies of a government issued photo ID.
- If an individual owns the salon, a social security number will be required. All corporate owned salons will provide a tax ID number.
- Expired facilities must submit an updated Limited Facility Application. This application must be accompanied by the Limited Facility Fee and Limited Facility Restoration Fee as shown on the application.
- Expired Salons requiring a manager change must submit an updated Limited Facility Application & Manager Change form accompanied by a copy of the managers government issued photo I.D. in addition to both required fees.
- Planning and Zoning must sign the Limited Facility Application. (This is not a requirement for a kiosk.)
- The Plumbing Inspector must sign the Limited Facility Application. (This is not a requirement for a kiosk)
- All sections of the application must be complete and the salon prepared to open for business PRIOR to calling the KBC Inspector for the final inspection.
- Visit www.kbc.ky.gov to obtain the KBC Inspector's name and phone number. The inspectors are listed by the counties they serve.
- **The KBC Inspector must process the initial salon inspection online; sign and attach it to the Limited Facility Application in order for the board staff to print and mail the License.**
- Payment for the license will be accepted in the form of debit or credit card at the time of inspection. The salon cannot open for business until the business license has been issued.
- All employees/booth renters and license numbers must be listed on the attached Employment Information sheet.
- All business owners must acquire an Occupation or Business License from the City or County in which the facility is located. Visit www.onestop.ky.gov for additional information.

A Limited Facility, which is new or relocating, shall be inspected, submit the limited Facility application, required documentation, and fee a minimum of seven days prior to opening for business. This includes moving locations, changing owners & or making a manager change. All unlicensed owners must have a licensed or permitted individual listed as manager on the license at all times.



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Limited Facility Application

Limited Facility Fee: \$100.00 **Limited Facility Restoration Fee:** \$100.00
 (Expired salons must pay this in addition to the license)

Salon Type: Threading Makeup Artistry EyeLash Artistry Limited Facility

Application Type: New Facility Transfer of Ownership Plumbing Change Only (No fee)

Location Type: Residential Business **Kiosk:** No Yes

ALL application requirements listed on the attached Limited Facility Application Instructions MUST be met for application to be considered for a license.

Name of Salon: _____ County: _____

Physical Address: _____
 Street Address (Suite Number Included) City State Zip Code

Mailing Address: _____
 Street Address City State Zip Code

Phone Number: _____ Email (Required): _____

Legal Name of Owner: _____ SS#/Tax# _____

Salon Owner Signature: _____ Date: _____

Mailing Address: _____

Legal Name of Manager: _____ License # _____

Salon Manager Signature: _____ Date: _____

Signature of Zoning Commissioner/ Building Inspector/ Elected Official

I hereby state the above said property meets all requirements of local zoning regulations.

_____ Date: _____
 Print Name Sign Name

Plumbing Inspector- The above said property has been inspected by me and found to meet the state plumbing requirements. (State Plumbing Phone # 502-573-0397)

_____ Date: _____
 Print Name Sign Name

I hereby state the above named salon has been inspected by me and found to meet all requirements in accordance with the administrative regulations of the Kentucky Board of Cosmetology.

KBC Inspector Signature: _____ Date: _____

For KBC Use Only: Salon license Number: _____ Date Processed: _____



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Employee Information Sheet

Employee/Booth Renter Name

License Number

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