



Andy Beshear
Governor

Julie M. Campbell
Executive Director

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

School Application Instructions

- ALL requested information and documentation 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 (name changes must be accompanied by official name change documents.)
- The school owner and manager are required to attach copies of their government issued photo ID to the application. Licensed schools must maintain a licensed instructor as manager at all times.
- Applicants that have been convicted of a felony must submit documentation for review by the board. The following documentation must be submitted with the application: a typed and signed letter of explanation from the applicant, Judgment of Sentence and a letter of good standing from the applicant's probation/parole officer if applicable.
- If an individual owns the school, a social security number will be required. All corporate owned schools will provide a tax ID number.
- The name of the school cannot be more than 30 characters including spaces on the license.
- Planning and Zoning and the Plumbing Inspector must sign the application prior to submitting the application for final inspection. Any plumbing changes such as adding, removing or capping off will require an updated inspection from the state Plumbing Inspector and KBC Inspector. If your area does not have a local Planning and Zoning Board then the signing party must be an elected official such as a County Judge Executive, Mayor or City Council member.
- All sections of the application except the KBC Director and KBC Inspector signatures must be complete PRIOR submitting School Application.
- When the school is prepared for opening please submit the School Application to the board office. Upon receipt of the application, a final inspection date will be set.
- A courtesy walk through may be requested by the school prior to the final inspection by contacting the board office.
- The school cannot be open for business until the school license has been issued.
- All business owners must acquire an Occupation or Business License from the City or County that the salon is located. Visit www.onestop.ky.gov for additional information.
- If a school is shut down or closed, the school license must be immediately returned to the board.

THIS LICENSE IS NON-TRANSFERABLE



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School Application

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First School Fee \$1500.00 School Type: Cosmetology Nail Esthetics

Change of Owner or Location \$1500.00

Transfer of Ownership/Location: Previous License Number: _____ Date of Change: _____

Name of School: _____ County: _____

Physical Address: _____

Street Address (Suite Number Included) City State Zip Code

Mailing Address: _____

Street Address City State Zip Code

Phone Number: _____ Email (Required): _____

Ownership: Individual Partnership Corporation

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

School Owner Signature: _____ Date: _____

School Owner Address: _____

Street Address City State Zip Code

Have you, your business partner, or any corporation member been convicted of a felony? Yes No

Legal Name of Manager: _____ Instructor License #: _____

School Manager Signature: _____ Date: _____

Documents Listed Must Be Attached to Application:

Proposed floor plan drawn to scale by draftsman/architect

Copy of student contract indicating cost

Number of instructors to be employed: _____ Proposed number of students to be enrolled: _____

Proposed days and hours of operation: _____

Tuition fee amount per student: _____ Extra costs for textbooks, equipment, etc.: _____

Facility Occupancy: _____ Number of Students Facility is Setup to Teach at One Time: _____

Indicate the amount of square footage for the following:

Lecture or classroom: _____ Clinic Area: _____ Stock Room: _____ Dispensary: _____

Mannequin Area: _____ Total Floor Space by Sq. Foot: _____



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School Application

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School Name: _____

Location: _____
Street Address City State Zip Code

I understand that withholding information requested on a KBC application, or giving false or misleading information, may be reason 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.

Applicant 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 state plumbing requirements (State Plumbing Phone # 502-573-0397)

_____ Date: _____
Print Name Sign Name

To be completed at Final Inspection

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

KBC Inspector Signature: _____ **Date:** _____

KBC Director Signature: _____ **Date:** _____

For KBC Use Only: School License Number: _____ Date Processed: _____