



Andy Beshear Governor

Julie M. Campbell **Executive Director**

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

Restoration Application

		<u>i</u>			
Cosmetologist	Nail Technician	Esthetician			
Instructor:	Shampoo Stylist			Tape/Attach Picture	
Permit: Th	reading Eyelas	sh Makeup		here	
	Artistry	y Artistry		Date Photo Taken	
<u>Persor</u>	nal License/Permit Fees				
of the licensing fee and	rmits: To restore an expired li the restoration fee for each or of 5 years must be submitted	f the expired		Salon License Restorations	
License Fee: \$50.	00 Posteration Foot %	50 00 per veer	Salons and Limite	ed Facilities are required to submit the Salon or	
·	, , , , , , , , , , , , , , , , , , ,			Limited Facility Application to apply for license restoration. This form will not be accepted for the restoration of a salon or limited	
	ed= \$ + \$ 50.00= \$ e/permit that was not renev		facility license.	secpted for the restoration of a salon of infinited	
current year is calculated as one (1)				School License School Restoration Fee: \$500 Renewal Fee: \$250.00 The Restoration Application, payment of the school restoration fee	
			license renewal fe	e are required.	
Address:					
		Street A			
	City	Street A		Zip Code	
License No	City	Street A	ddress	Zip Code Birth Date:	
	City umber: S	Street A Street A Street A	ddress	·	
Phone Nui	City umber: S	Street A St Social Security Number: Email Ad	ddress ate dress:	Birth Date:	
Phone Nui Salon Whe	City umber:S mber:S ere Employed:	Street A St Social Security Number: Email Ad	ddress ate dress:	Birth Date:	
Phone Nui Salon Whe Have ever been con I understand that w reason for denial	City umber: S mber: S ere Employed: nvicted of a Felony?: Y vithholding information record of examination and/o	Street A	ddress ate dress:Salon Licens n, or giving false of tucky Board of C	Birth Date: e Number: or misleading information, may be cosmetology. I certify that all the	
Phone Nur Salon Whe Have ever been con I understand that w reason for denial information and state	City umber:S mber:S ere Employed: nvicted of a Felony?: Y vithholding information recommend of examination and/ofements I have provided in the	Street A	ddress ate dress:Salon Licens n, or giving false of tucky Board of Coect, and complete to	Birth Date: e Number: or misleading information, may be cosmetology. I certify that all the	