



Andy Beshear
Governor

Julie M. Campbell
Executive Director

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

Salon Application Instructions

- ALL requested information must be provided with no changes made 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 a copy of a government issued photo I.D. to the application.
- If an individual owns the salon, a social security number will be required. All corporate owned salons will provide a tax ID number.
- Expired salons must complete an updated Salon Application and contact their state inspector for an updated salon inspection.
- Expired salons requiring a manager change must complete an updated Salon 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 new salon application. 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.
- The Plumbing Inspector must sign the new salon application. Any plumbing changes such as adding, removing or capping off will require an updated inspection from the state Plumbing Inspector and KBC Inspector.
- All sections of the application must be complete prior to the KBC inspector's final inspection. To schedule an inspection with the KBC inspector please follow the instructions under salon requirements at www.kbc.ky.gov.
- **Salons must be in "ready-to-open" condition when the inspector arrives for final inspection or the inspection will be canceled and you will be required to reschedule.**
- Please have the original salon application (with signatures) available for the KBC inspector at the final inspection.
- 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 business owners must acquire an Occupation or Business License from the City or County in which the salon is located. Visit www.onestop.ky.gov for additional information.
- All employees and license numbers must be listed on the attached Employment Information sheet.

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



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Salon Application

Salon License Fee: \$100.00 **Salon Restoration Fee:** \$100.00 (Expired salons must submit in addition to license fee)

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

Transfer of Ownership Only: Previous License Number: _____ Date of Closure: _____

Salon Type: Beauty Nail Esthetic **Location Type:** Residential Business

ALL application requirements listed on the attached Salon Application Instructions MUST be met for application to be considered for licensure.

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: _____

Salon Owner Home Address: _____
 Street Address City State Zip Code

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 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 Information Sheet

Employee/Booth Renter Name

License Number

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