



Andy Beshear Governor

Julie M. Campbell Executive Director

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

## **Permit Application Instructions**

### **Application Requirements:**

ALL requested information must be provided with no changes to the printed form. Type and print application or write legibly with ink only. State full legal name (name changes must be accompanied by official name change documents). A copy of the applicant's government issued photo I.D. and the required fee listed on the application must be submitted with the application. Incomplete or incorrect applications WILL NOT be processed and will be returned to the applicant.

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 if the applicant is currently on probation or parole a letter of good standing from the applicants probation/parole officer.

#### Photo Requirements:

Must be a 2 x 2 passport photo of the applicant, taken within the past six (6) months, with no filters, adjustments, or objects obscuring the identity of the applicant. **NO photocopies or snapshots of the applicant will be accepted.** 

#### Permit Requirements:

All applicants must submit proof of completion of a board approved online or live sanitation course completed within the last one (1) year.

Eyelash Artistry permits must complete a board approved eyelash training program, taught by a licensed instructor within 6 months of application receipt.

Proof of completion of required courses must be submitted with the permit application.

Individuals holding a specialty  $|ax| \cdot$  in the state of Kentucky may only provide services in a beauty salon, esthetics salon, or limited facility that is currently licensed or permitted with the Kentucky Board of Cosmetology.

Off-site Services requests must be associated with a Salon in order to request to perform services with homebound individuals and at event services. Please list any homebound clients and event services where you are seeking to perform services on the included Off-Site Services Information Sheet.

#### Please Note:

Due to the high volume of applicants, application receipt or approval cannot be verified by the board office unless it has been 30 days from the mailing date. If verification of receipt is desired by the applicant then mailing by traceable means, i.e. certified with signature required, Fed-Ex, UPS, etc. is required.





Julie M. Campbell Executive Director

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

Permit Fee: \$ 50.00  Permit Type: Threading Makeup Artistry Eyelash Artistry Off-Site Service: Newes With the 0f-Site Services information: Shore and list all services to the performent disted of your associated State. Homebound Care Event Services Copy of Government Issued Photo LD. Must be Attached to this Application Applicant is required to provide ALL requested information listed. Incomplete applications will not be processed. Full Name First Middle Maiden Last Current Address City State Zip Code Social Security #: Date of Birth: Gender: Male Female Email Address (Required): Phone Number: Alternate Phone Number (Required): Tame and Address of facility in which services will be provided: Name of Facility Signature of Salon Owner: Salon License Number: Facility Telephone Number: Have you been convicted of a felonv? Yes No Lunderstand that withholding information requested on a KBC application, or giving failse or misleading information and statements I have provided in this application are current, correct, and complete to the best of my knowledge. Signature of Applicant:		Pe	ermit Application			
Threading       Makeup Artistry       Eyelash Artistry         Off. Site Service: inseam the art the off site services information Sineet and list all services to be performed calable of your associated Salon.       Attach Photo Here         Homebound Care       Event Services:       Date Photo Taken         Diff. Site Service of Covernment Issued Photo I.D. Must be Attached to this Application       Date Photo Taken         Applicant is required to provide ALL requested information listed.       Date Photo Taken         Incomplete applications will not be processed.       Event Maide       Last         Full Name	Permit Fee: \$ 50.00					
Off-Site Service: Please fill out the Off-Site Services Information Sheet and list all services to be performed outside of your associated Salon.       Image Service: Please fill out the Off-Site Services Information Sheet and list all services to the performed outside of your associated Salon.         Hornebound Care       Event Services         Copy of Government Issued Photo       Image Data Services         LD. Must be Attached to this Application       Date Photo Taken         Applicant is required to provide ALL requested information listed.       Image Data Services         Full Name	••	lakeun Artistry	Evelash Artistry			
Copy of Government Issued Photo I.D. Must be Attached to this Application       Date Photo Taken         Applicant is required to provide ALL requested information listed. Incomplete applications will not be processed.       Date Photo Taken         Full Name	Off-Site Service: Please fill out the Off-Site Services Information Sheet and list all services to					
I.D. Must be Attached to this Application       Date Finde Taken         Applicant is required to provide ALL requested information listed.       Incomplete applications will not be processed.         Full Name	Homebound Care	Event Services				
Incomplete applications will not be processed.  Full Name				Date Photo Tak	Date Photo Taken	
First       Middle       Maiden       Last         Current Address			nation listed.			
Current Address       Street Address         City       State       Zip Code         Social Security #:       Date of Birth:       Gender:       Male       Female         Email Address (Required):	Full Name					
Street Address         City       State       Zip Code         Social Security #:       Date of Birth:       Gender:       Male       Female         Email Address (Required):	First	Middle	Maiden	Last		
Social Security #:	Current Address		Street Addre	ess		
Email Address (Required):		City		State	Zip Code	
Phone Number:	Social Security #:		_ Date of Birth:	Gender: Male	Female	
Name       Address       of facility in which services will be provided:       Name of Facility         Street Address, City, State, and Zip Code of Facility       Signature of Salon Owner:       Salon License Number:         Facility Telephone Number:	Email Address (Required	):				
Name of Facility         Street Address, City, State, and Zip Code of Facility         Signature of Salon Owner:	Phone Number:		_ Alternate Phone Nur	nber (Required):		
Signature of Salon Owner:	Name and Address of facil	ity in which services will b	be provided:	Name of Facility		
Facility Telephone Number:		Street Address, C	ity, State, and Zip Code o	of Facility		
Have you been convicted of a felonv? Yes No 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.	Signature of Salon Owner:		Salo	on License Number:		
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.	Facility Telephone Number	:				
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.	Have you been convicted o	f a felonv?	Yes	No		
Signature of Applicant:	information, may Cosmetology. I	y be reason for denial of certify that all the inform	of examination and/or lic nation and statements I	censure with the Kentucky Boa	ard of	
	Signature of App	licant:				

For KBC Use Only: Applicant Permit Number \_\_\_\_\_

Date Processed: \_





Andy Beshear Governor

Julie M. Campbell Executive Director

Address

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

**Off-Site Services Information Sheet** 

Please list all Events/homebound care client names and locations where services will be performed.

# Client/Event Name

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

Rev. 07/2022