



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 ~~license~~ 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.



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Permit Application

Permit Fee: \$ 50.00

Permit Type:

Threading Makeup Artistry Eyelash Artistry

Off-Site Service: Please fill out the Off-Site Services Information Sheet and list all services to be performed outside of your associated Salon.

Homebound Care Event Services

Copy of Government Issued Photo
I.D. Must be Attached to this Application

Applicant is required to provide ALL requested information listed. Incomplete applications will not be processed.

Attach Photo Here
Date Photo Taken

Full Name First Middle Maiden Last

Current Address Street Address

City State Zip Code

Social Security #: Date of Birth: Gender: Male Female

Email Address (Required):

Phone Number: Alternate Phone Number (Required):

Name and 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:

Have you been convicted of a felony? 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 Applicant:

For KBC Use Only: Applicant Permit Number Date Processed:



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Off-Site Services Information Sheet

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

Client/Event Name

Address

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