

Kentucky Board of  
Cosmetology



111 St. James Ct. , Suite A • Frankfort, KY 40601 • (502)-564-4262 • [www.KBC.ky.gov](http://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 submit an updated Salon Application. This application must be accompanied by the salon license fee and salon restoration fee as shown on the application.
- Expired salons requiring a manager change must submit 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.
- 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](http://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](http://www.onestop.ky.gov) for additional information.

**A salon, which is new or relocating, shall be inspected, submit the salon application, required documentation, and fee a minimum of five 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: \_\_\_\_\_