Kentucky Board of Cosmetology



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 require proof of completion of a board approved national certification program in addition to the sanitation course.

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

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

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 I	Eyelash Artistry	Attach Pho Here	oto	
Copy of Government Issu I.D. Must be Attached to the Applicant is required to pro Incomplete applications will	Date Photo 1	Date Photo Taken			
Full NameFirst	Middle	Maiden	Last		
Current Address		Street Address			
	City	St	rate	Zip Code	
Social Security #:	Date	e of Birth:	Gender: Ma	le Female	
Email Address (Required	I):				
Phone Number:	Al	Iternate Phone Number	(Required):		
Name and Address of facil	lity in which services will be pro	vided:	Name of Facility		
	Street Address, City, St	tate, and Zip Code of Fac	cility		
Signature of Salon Owner:	ature of Salon Owner: <u>\$</u>			alon Permit Number:	
Facility Telephone Number	r:				
Have you been convicted o	of a felonv?	Yes	No		
information, may Cosmetology. I	at withholding information reque y be reason for denial of exa l certify that all the information and complete to the best of my	amination and/or licensun and statements I have	ure with the Kentucky	Board of	
Signature of App	olicant:				
For KBC Use Only: Ap	plicant Permit Number	Dat	te Processed:		