Kentucky Board of Cosmetology

111 St. James Ct. , Suite A • Frankfort, KY 40601 • (502)-564-4262 • www.KBHC.ky.gov

Restoration Application

Personal Licenses/Permits

☐ **Cosmetologist** ☐ **Nail Technician** ☐ **Esthetician**

Instructor:

◯ Cosmetology ◯ Nail ◯ Esthetics

Permit:

◯ Threading ◯ Lash Extension ◯ Makeup Artistry

School License

School:

◯ Cosmetology ◯ Nail ◯ Esthetic

Fees

Individual licenses/permits: To restore an expired license, a Restoration Application shall be submitted to the board along with **a copy of a government issued photo identification**, payment of the restoration fee **and** the licensing fee for each of the expired years.

License Fee: $50.00 **Restoration Fee:** $50.00

$ 50.00 x __ yr(s) expired= $ _____ + $ 50.00= $ _____
Total Due

Please note: Any license/permit that was not renewed by July 31st of the current year is calculated as one (1) year expired.

School Licenses: The Restoration Application, payment of the school restoration fee, and license renewal fee are required.

School Restoration Fee: $500 **Renewal Fee:** $250.00

Applicant is required to provide ALL requested information. Incomplete applications will be returned. Name:

_____
First Middle/Maiden Last

Address: _____
Street Address

_____
City State Zip Code

License Number: _____ Social Security Number: _____ Birth Date: _____

Phone Number: _____ Email Address: _____

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: _____ Date: _____

For KBC Use Only: Date Expired: _____ Date Processed: _____ Application #: _____