

Kentucky Board of
Cosmetology



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

Limited Facility Permit Application Instructions

- ALL requested information must be provided with no changes 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 facility owner and manager are required to attach copies of a government issued photo ID.
- If an individual owns the facility, a social security number will be required. All corporate owned facilities will provide a tax ID number.
- Expired facilities must submit an updated Limited Facility Application. This application must be accompanied by the Limited Facility Permit Fee and Limited Facility Restoration Fee as shown on the application.
- Expired facilities requiring a manager change must submit an updated Limited Facility 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 Limited Facility Application. (This is not a requirement for a kiosk.)
- The Plumbing Inspector must sign the Limited Facility Application. (This is not a requirement for a kiosk)
- 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.
- Facilities 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 limited facility 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 facility cannot open for business until the business permit has been issued.
- All business owners must acquire an Occupation or Business License from the City or County in which the facility is located. Visit www.onestop.ky.gov for additional information.

A Limited Facility, which is new or relocating, shall be inspected, submit the Limited Facility application, required documentation, and fee a minimum of five days prior to opening for business. This includes moving locations, changing owners & or making a manager change. All unlicensed owners must have a licensed or permitted individual listed as manager on the permit at all times.



Limited Facility Application

Limited Facility Fee: \$100.00

Limited Facility Restoration Fee: \$100.00 (Expired salons must pay this in addition to the permit fee.)

Salon Type: Threading Makeup Artistry Eyelash Artistry Limited Beauty Salon

Application Type: New Facility Transfer of Ownership Plumbing Change Only (No fee)

Location Type: Residential Business **Kiosk:** No Yes

ALL application requirements listed on the attached Limited Facility Application Instructions MUST be met for application to be considered for a permit.

Name of Facility: _____ 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# _____

Facility Owner Signature: _____ Date: _____

Mailing Address: _____

Legal Name of Manager: _____ License # _____

Facility 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 the state plumbing requirements. (State Plumbing Phone # 502-573-0397)

_____ Date: _____

Print Name

Sign Name

I hereby state the above named facility 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: Facility Permit Number: _____ Date Processed: _____