



## Restoration Application

### Personal Licenses/Permits

<b>Cosmetologist</b>	<b>Nail Technician</b>	<b>Esthetician</b>
<b>Instructor:</b>	<b>Blow Drying Services</b>	
<b>Permit:</b>	Threading	Eyelash Artistry
		Makeup Artistry

### School License

**School Restoration Fee: \$500 Renewal Fee: \$250.00**  
The Restoration Application, payment of the school restoration fee, and license renewal fee are required.

### Personal License/Permit Fees

**Individual licenses/permits:** To restore an expired license, payment of the licensing fee **and** the restoration fee for each of the expired years up to a maximum of 5 years must be submitted.

### Salon License Restorations

Salons and Limited Facilities are required to submit the Salon or Limited Facility Application to apply for license restoration. This form **will not** be accepted for the restoration of a salon or limited facility license.

**License Fee:** \$50.00     **Restoration Fee:** \$50.00 per year  
\$ 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.

**Applicant is required to provide ALL requested information and a copy of their government issued photo identification with this application. 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 #: _____
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