



KBC@ky.gov

• Julie M. Campbell, Executive Director •

Residential Salon Planning and Zoning Affidavit

Salon/Limited Facility Information

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

Transfer of Ownership Only: Previous License Number: _____ Date of Closure: _____

Salon Type:

[] Full Service [] Nail [] Esthetic [] Limited

Location Type:

[] Residential

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/ Homeowners Association Representative

I hereby state the above said property meets all requirements of local zoning regulations and/or HOA requirements for a residential business space according to local ordinance.

Print Name Sign Name

Agency or Association Name Title Date: _____

Additional Comments: _____