



KBC@ky.gov

• Joni Upchurch, Executive Director •

Salon/Limited Facility Plumbing 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 Commercial Locations

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: _____

Plumbing Inspector will be required to identify the number of fixtures in the salon for the above physical address - The above said property has been inspected by me and found to meet state plumbing requirements (Division of Plumbing Phone: 502-573-0397)

Number of Shampoo bowls _____ Number of Pedicure bowls _____ Number of Basins _____

Print Name of State Plumbing Inspector _____

Sign Name of State Plumbing Inspector _____

Date of On-Site Inspection _____

Additional Notes _____