KY BOARD of COSMETOLOGY

Andy Beshear
Governor

Joni Upchurch
Executive Director

1025 Capital Center Dr Ste 200, Frankfort, KY 40601 | (502) 564 – 4262 | KBC.KY.GOV

Salon/Limited Facility Plumbing Affidavit

Application Information

☐ New ☐ Ownership Transfer ☐ Plumbing Change (No Fee)

If Transfer of Ownership:
Previous License Number: _____ Date of Closure: _____/_____/_____

Salon Information

Salon Type:
☐ Full-Service ☐ Nail ☐ Esthetic ☐ Limited ☐ Commercial Locations

Salon Name: _____ County: _____

Physical Address: _____
Street Address

_____ _____ _____
City State Zip Code

Phone Number: _____ Email (Required): _____

Ownership Information

Legal Owner Name: _____ Social Security/Tax ID Number: _____

Home Address: _____
Street Address

_____ _____ _____
City State Zip Code

Owner Signature: _____ Date: _____/_____/_____

Salon Manager

Manager Name (Printed): _____ License Number: _____

Manager Signature: _____ Date: _____/_____/_____

Plumbing Inspection

STATE PLUMBING INSPECTOR CERTIFICATION
The above property has been inspected and found to meet Kentucky plumbing requirements.

Division of Plumbing
(502) 573 - 0397

PLUMBED FIXTURE INVENTORY	
Fixture	**Quantity**
Shampoo Bowls	
Pedicure Bowls	
Basins/Handwashing Stations	

UNPLUMBED FIXTURE INVENTORY	
Fixture	**Quantity**
Shampoo Bowls	
Pedicure Bowls	
Basins/Handwashing Stations	

Plumbing Inspector Name (Printed): _____

Inspector Signature: _____ Date: _____/_____/_____

Additional Notes: _____

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