KY BOARD of COSMETOLOGY

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

Demonstration Permit Application

Applicant Information

Application Date: _____/_____/_____

Organization/Company Name: _____

Address: _____
Street Address

_____ _____ _____
City State Zip Code

Phone Number: _____ Email Address: _____

Permit Information
Permit Fee: $50.00
☐ Charitable Event

Event Information

Event Name: _____

Demonstration Starting Date: _____/_____/_____ Ending Date: _____/_____/_____

Event Address: _____
Street Address

_____ _____ _____
City State Zip Code

Guest Artist Information

Guest Artist Name	Guest Artist License No.

Demonstration Access

Demonstration opened to Kentucky Licensed Professionals only: ☐ Yes ☐ No
Demonstration opened to the public: ☐ Yes ☐ No

Certification

I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that any false or misleading information may lead to denial or revocation of this permit.

_____ _____/_____/_____
Event Supervisor Signature Date

Revised 10.28.2026