



1049 US 127 South Annex #2 • Frankfort, KY 40601 • (502)-564-4262 • www.KBC.ky.gov

Limited Facility Permit Application Instructions

- ALL requested information must be provided with no changes to the printed form. Incomplete or incorrect applications WILL NOT be accepted.
- Type or write legibly with black or blue ink only. State full legal name of owner and manager (name changes must be accompanied by official name change documents.)
- The salon owner and manager are required to attach copies of a government issued photo ID.
- If an individual owns the salon, a social security number will be required. All corporate owned salons will provide a tax ID number.
- Expired facilities must submit an updated Limited Facility Application. This application must be accompanied by the Limited Facility Permit Fee and Limited Facility Restoration Fee as shown on the application.
- Expired Salons requiring a manager change must submit an updated Limited Facility Application & Manager Change form accompanied by a copy of the managers government issued photo I.D. in addition to both required fees.
- Planning and Zoning must sign the Limited Facility Application. (This is not a requirement for a kiosk.)
- The Plumbing Inspector must sign the Limited Facility Application. (This is not a requirement for a kiosk)
- All sections of the application must be complete and the salon prepared to open for business PRIOR to calling the KBC Inspector for the final inspection.
- Visit www.kbc.ky.gov to obtain the KBC Inspector's name and phone number. The inspectors are listed by the counties they serve.
- **The KBC Inspector must process the initial salon inspection online; sign and attach it to the Limited Facility Permit Application in order for the board staff to print and mail the permit.**
- Payment for the license will be accepted in the form of debit or credit card at the time of inspection. The salon cannot open for business until the business permit has been issued.
- All business owners must acquire an Occupation or Business License from the City or County in which the facility is located. Visit www.onestop.ky.gov for additional information.
A Limited Beauty Salon, which is new or relocating, shall be inspected, submit the limited Facility application, required documentation, and fee a minimum of five days prior to opening for business. This includes moving locations, changing owners & or making a manager change. All unlicensed owners must have a licensed or permitted individual listed as manager on the permit at all times.



Limited Facility Application

Limited Beauty Salon Fee: \$100.00

Limited Facility Restoration Fee: \$100.00 (Expired salons must pay this in addition to the permit fee.)

Salon Type: Threading Makeup Artistry Lash Artistry Limited Beauty Salon

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

Location Type: Residential Business **Kiosk:** No Yes

ALL application requirements listed on the attached Limited Facility Application Instructions MUST be met for application to be considered for a permit.

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: _____

Mailing Address: _____

Legal Name of Manager: _____ License # _____

Salon Manager Signature: _____ Date: _____

Signature of Zoning Commissioner/ Building Inspector/ Elected Official

I hereby state the above said property meets all requirements of local zoning regulations.

Print Name Sign Name Date: _____

Plumbing Inspector- The above said property has been inspected by me and found to meet the state plumbing requirements. (State Plumbing Phone # 502-573-0397)

Print Name Sign Name Date: _____

I hereby state the above named salon has been inspected by me and found to meet all requirements in accordance with the administrative regulations of the Kentucky Board of Cosmetology.

KBC Inspector Signature: _____ Date: _____

For KBC Use Only: Salon Permit Number: _____ Date Processed: _____