



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: _____

Number of:

Basins _____ Shampoo Bowls _____ Plumbed Pedicure Chairs _____

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

Print Name Sign Name

Agency Name Title Date: _____

Inspector Comments: _____