



1025 Capital Center Dr Ste 200 Frankfort, KY 40601 (502)-564-4262 KBC@ky.gov

Joni Upchurch, Executive Director

School Plumbing Affidavit

School Information

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

Transfer of Ownership Only: Previous License Number: \_\_\_\_\_ Date of Closure: \_\_\_\_\_

School Type:

[ ] Beauty [ ] Nail [ ] Esthetic

Name of School: \_\_\_\_\_ 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# \_\_\_\_\_

School Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owners Home Address: \_\_\_\_\_
Street Address City State Zip Code

Legal Name of Manager: \_\_\_\_\_ License # \_\_\_\_\_

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: \_\_\_\_\_