



Manager Change Form

**Applicant is required to provide ALL requested information listed.
Incomplete applications will not be processed.**

Salon License Fee \$50.00

School License Fee \$50.00

Beauty
Nail
Esthetic
Limited Facility

Facility Type:
Business
Residential

Cosmetology
Nail
Esthetics

Facility Name: _____ Facility County: _____

Physical Address: _____
Street City State Zip code

Mailing Address: _____
Street City State Zip code

Facility License Number: _____ Business Phone Number: _____

Email (Required): _____

Salon Owner Name: _____ Phone Number: _____

• Sole Owner Must Provide Copy of Government Issued Photo ID

Owners Home Address: _____
Street City State Zip Code

Salon Owners Signature: _____ Date: _____

Previous Salon Manager: _____ Date Terminated: _____
Month/Day/Year

• Manager Must Provide Government Issued Photo ID; Must Hold Current and Active License with KBC

Print New Managers Name: _____ License Number: _____

New Managers Signature: _____ Date: _____

**The Owner and Manager of each establishment licensed by the board are responsible for compliance
with KRS Chapters 317A and 201 KAR Chapter 12.**

I understand that withholding information requested on a KBC application, or giving false or misleading information, may be grounds for denial of examination and/or licensure with the Kentucky Board of Cosmetology. I certify that all the information and statements I have provided in this application are current, correct, and complete to the best of my knowledge.

Signature of Applicant: _____

For KBC Use Only: Salon License: _____ Date Processed: _____