

DUPLICATE APPLICATION

**Kentucky Board of Barbering
312 Whittington Parkway Suite 110
Louisville, KY 40222**

BARBER _____

Name _____ Home Phone _____

Address _____
 Number and Street City County Zip

Shop Name(**Required**) _____

Shop Address(**Required**) _____
 Number and Street City County Zip

Renewal Fee \$ _____

By _____
 date

Restoration Fee \$ _____

By _____
 date

Renewal Period June 1 to July 1
 Late fee \$25.00 after July 1

FINANCIAL LOAN STATUS NOTICE
(Important, Please read carefully)

Are you in arrears or default on a repayment obligation under any financial assistance program with the Kentucky Higher Education Assistance Authority? YES _____ NO _____

Signature

Name (please print)

Date

E-Mail Address (Used for informational purposes only)

This form must be signed and returned to the Kentucky Board of Barbering along with your license/renewal application. Your application will not be processed until this signed and dated form is received. Send Money Order, Check or Cashier's Check Only. Please note that licenses paid by check will be held for 10 working days for clearance.