

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

INDEPENDENT CONTRACT OWNER LICENSE APPLICATION

PLEASE PRINT & WRITE DISTINCTLY IN THE FOLLOWING SPACES:

Name: _____ Barber Lic. # _____

Shop Name: _____ Shop Lic. # _____

Shop Address: _____ Phone # _____

City: _____ Zip Code: _____ County: _____

By my signature below, I certify that I own the above named shop and will rent a booth space in the above named shop to the applicant whose name appears above. I accept responsibility for making sure the renter maintains a current barber license issued by the same agency (KBOB). I understand that it is a violation of Kentucky State Law to rent a booth to an unlicensed person.

Shop Owner's Name (Please Print): _____

Shop Owner's Signature: _____ Date: _____

By my signature below, I certify that I work in the above named shop and I rent a booth in the above named shop. I accept responsibility for making sure that I maintain a current barber license issued by the same agency (KBOB).

Name of Applicant (Please Print): _____

Signature of Applicant: _____ Date: _____

This form must be signed and returned to the Kentucky Board of Barbering along with your license/renewal application. This form must be in our office within 10 calendar days of the 1st day of employment at this shop. **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 10 working days for clearance.