

Kentucky Board of Barbering
9114 Leesgate Rd., Suite 6
Louisville, KY 40222-5055

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. Licenses purchased by check will be held 10 working days for clearance.