

KENTUCKY BOARD OF BARBERING
9114 LEESGATE RD., SUITE 6
LOUISVILLE, KY 40222-5055
(502) 429-7148 or (502) 429-7169

APPLICATION TO LICENSE A NEW BARBER SHOP

PLANNED OPENING DATE _____
NAME OF SHOP _____
STREET ADDRESS _____
CITY _____ ZIP CODE _____ COUNTY _____
MAILING ADDRESS _____
CITY _____ COUNTY _____
ZIP CODE _____ TELEPHONE NUMBER: SHOP (_____) _____ CELL (_____) _____

IF THIS HAS PREVIOUSLY BEEN A BARBER SHOP, WRITE THE NAME ON LINE BELOW:

201 KAR 14:070, Section 2. This barber shop license is not transferrable from one location to another or one person to another. A new license must be purchased.

APPLICANT'S AFFIDAVIT

I do hereby certify under a penalty of law that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license could be revoked. I also agree to obey the Statutes and Regulations governing barbering in the State of Kentucky.

1. _____
Owner's Name (Printed) Owner's Signature
Is the owner a licensed Barber? Yes _____ No _____

2. _____
Manager's Name (Printed) Manager's Signature BARBER Lic. #

BEFORE ME PERSONALLY APPEARED _____
whose signature(s) is/are affixed to this application, and made oath and says that all of the foregoing statements are true and correct.

SWORN AND SUBSCRIBED TO ME THIS _____ DAY OF _____, 20____

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

A LICENSE FEE OF \$50.00, IN THE FORM OF A CERTIFIED CHECK OR MONEY ORDER AND MADE PAYABLE TO THE KY. STATE TREASURER MUST BE INCLUDED WITH THIS APPLICATION.

The above property has been inspected by me and found to be in compliance with State, County, and Local health and plumbing codes.

Date _____ Signature _____

STATE PLUMBING INSPECTOR