

RENEWAL 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

Write "NA" if not currently working in a shop

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.