

PROVIDED FOR
INFORMATIONAL
REVIEW

KENTUCKY BOARD OF BARBERING
312 WHITTINGTON PARKWAY, SUITE 110
LOUISVILLE, KY 40222
(502) 429-7148 or (502) 429-7169

DEMONSTRATION APPLICATION

DEMONSTRATION DATE _____

FEE \$100.00

NAME OF APPLICANT _____

KENTUCKY BARBER LICENSE _____

ADDRESS _____

CITY _____ ZIP CODE _____ COUNTY _____

TELEPHONE NUMBER: (____) _____ CELL (____) _____

NAME OF FIRM OR COMPANY/ PROMOTOR _____

LOCATION OF DEMONSTRATION _____

ADDRESS _____

CITY _____ ZIP CODE _____ COUNTY _____

NAMES OF GUEST ARTIST / COMPANY

BARBER LICENSE

STATE

NAMES OF GUEST ARTIST / COMPANY	BARBER LICENSE	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

317.580, 201 KAR 14:085 SANITATION REQUIREMENTS

Date _____

Signature _____

THIS DEMONSTRATION PERMIT IS VALID ONLY FOR THE DATES APPROVED AND IS NOT TRANSFERABLE

FEEES ARE NON REFUNDABLE

**KENTUCKY BOARD OF BARBERING
OFFICIAL INSPECTION REPORT FOR
BARBER SHOPS**

DATE _____

TIME _____

SHOP NAME _____

ADDRESS _____ CITY _____ ZIP _____

COUNTY _____ SHOP LICENSE # _____ Current? Yes/No Lic Posted? Yes/No

At Shop	BARBERS		Pic	Lic. Posted at Station		
<input type="radio"/> Name _____	Lic# _____	ICO Lic# _____	Yes/No _____	Yes/No _____	Appr _____	End Date _____
<input type="radio"/> Name _____	Lic# _____	ICO Lic# _____	Yes/No _____	Yes/No _____	Appr _____	End Date _____
<input type="radio"/> Name _____	Lic# _____	ICO Lic# _____	Yes/No _____	Yes/No _____	Appr _____	End Date _____
<input type="radio"/> Name _____	Lic# _____	ICO Lic# _____	Yes/No _____	Yes/No _____	Appr _____	End Date _____
<input type="radio"/> Name _____	Lic# _____	ICO Lic# _____	Yes/No _____	Yes/No _____	Appr _____	End Date _____
<input type="radio"/> Name _____	Lic# _____	ICO Lic# _____	Yes/No _____	Yes/No _____	Appr _____	End Date _____
<input type="radio"/> Name _____	Lic# _____	ICO Lic# _____	Yes/No _____	Yes/No _____	Appr _____	End Date _____

Inspection Report Posted? _____

Sink/Shampoo Bowl in barber cutting room within line of sight? _____

#Chairs _____
Sterilization Method:

#Basins _____ Verified Hot Water _____

Dry	(11) _____	Chair & Chair Cloth	(4) _____	General Appearance	(4) _____
Alcohol	(11) _____	Clippers & Razors	(6) _____	Clean Towel Cabinet	(4) _____
QUATS	(11) _____	Hair Brushes & Dusters	(6) _____	Covered, Dirty Towels	(4) _____
Neck Strip/Towel	(11) _____	Combs & Shears	(6) _____	Covered Waste Receptacle	(4) _____
Back-bar	(10) _____	Sinks/Shampoo Basins	(6) _____	Recognized Sign	(2) _____

Grade:
95-100 -Excellent
90-94 -Satisfactory
89 or below -Unsatisfactory

GRAND TOTAL _____



Shop needs follow up visit _____

Remarks _____

POST CONSPICUOUSLY

For Consumer Complaints Contact:

Kentucky Board of Barbering
312 Whittington Pkwy Suite 110
Louisville, KY 40222
(502) 429-7148

Rev. 9/25

Signature _____

Shop Owner or Manager - I have reviewed Inspection Report

Print Name _____

Inspected by: _____



