

**ARKANSAS DEPARTMENT OF HEALTH
COSMETOLOGY SECTION
4815 West Markham, Slot 8
Little Rock, AR 72205
(501) 682-2168**

ESTABLISHMENT RELOCATION APPLICATION

PLEASE PRINT USING BLUE OR BLACK INK

INSTRUCTIONS: File this application when the establishment location has changed. This form is to be filed approximately two (2) weeks before your opening date. You will receive a letter of authorization, to be posted in the reception area, that will allow you to open and operate said salon until such time it is inspected.

**THIS FORM MUST BE SUBMITTED WITH:
\$150 ESTABLISHMENT RELOCATION FEE**

**SECTION A -- ESTABLISHMENT INFORMATION CURRENTLY ON FILE WITH
THE COSMETOLOGY SECTION (PRIOR TO CHANGE)**

Establishment Name					License Number		
Address Where Establishment Receives Mail			Suite #	City	County	State	Zip Code
Physical Address of Establishment			Suite #	City	County	State	Zip Code
Type of Establishment (CIRCLE ONE)		COSMETOLOGY		MANICURE	ELECTROLOGY	AESTHETICIAN	
Name Of Owner					Telephone Number ()		

SECTION B -- RELOCATION INFORMATION

<u>NEW</u> Address Where Establishment Receives Mail			Suite #	City	County	State	Zip Code
<u>NEW</u> Physical Address of Establishment			Suite #	City	County	State	Zip Code
Type of Establishment (CIRCLE ONE)		COSMETOLOGY		MANICURE	ELECTROLOGY	AESTHETICIAN	
Days Closed (CIRCLE ALL THAT APPLY)	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Opening Date		Telephone Number ()					

In signing this application, you are certifying that:

1. The information provided on this form is correct to the best of your knowledge.
2. You are the establishment owner or are authorized to act as the owner's agent.
3. You have read this form, the laws and rules.
4. You have complied with all laws and rules governing cosmological establishments.
5. You will close your establishment if the Inspector finds the establishment not in compliance with applicable rules.

Owner's Signature	Today's Date
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DO NOT WRITE BELOW THIS AREA - FOR OFFICE USE ONLY

LICENSE NUMBER	RECEIPT NUMBER	DATE