

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

**INSTRUCTIONS:** File this application when applying for a new establishment license. 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 NEW ESTABLISHMENT FEE**

## NEW ESTABLISHMENT REGISTRATION

**Please PRINT using blue or black ink only.** If requested information is not applicable please respond N/A.

### ESTABLISHMENT INFORMATION

|          |                    |          |                             |
|----------|--------------------|----------|-----------------------------|
| <b>1</b> | Establishment Name | <b>2</b> | Telephone Number<br>(     ) |
|----------|--------------------|----------|-----------------------------|

(If a rural route or Post Office Box please provide directions on reverse side.)

|          |   |             |          |             |              |          |              |          |
|----------|---|-------------|----------|-------------|--------------|----------|--------------|----------|
| <b>3</b> | Address Where Establishment Receives Mail | Suite. #    | City     | County      | State        | Zip Code |              |          |
| <b>4</b> | Physical Address of Establishment         | Suite. #    | City     | County      | State        | Zip Code |              |          |
| <b>5</b> | Type of Establishment<br>(CIRCLE ONE)     | COSMETOLOGY | MANICURE | ELECTROLOGY | AESTHETICIAN | <b>6</b> | Opening Date |          |
| <b>7</b> | Days Closed<br>(CIRCLE ALL THAT APPLY)    | SUNDAY      | MONDAY   | TUESDAY     | WEDNESDAY    | THURSDAY | FRIDAY       | SATURDAY |

### OWNER INFORMATION

|          |   |  |   |           |                |
|----------|---|--|---|-----------|----------------|
| <b>8</b> | Is the owner a Corporation?<br>YES     NO | If yes, name of corporation: (also complete items 11 & 13) | If no, is owner licensed?<br>YES     NO | Id Number | License Number |
|----------|---|--|---|-----------|----------------|

Complete the following information regarding the owner.

|           |                                |                           |                           |                      |       |          |            |          |       |                |
|-----------|--------------------------------|---------------------------|---------------------------|----------------------|-------|----------|------------|----------|-------|----------------|
| <b>9</b>  | Last Name                      | First Name (no nicknames) | Middle Name               |                      |       |          |            |          |       |                |
| <b>10</b> | SSN                            | Date of Birth             | Gender<br>MALE     FEMALE | Race<br>(Circle One) | Black | White    | Am. Indian | Hispanic | Asian | Alaskan Native |
| <b>11</b> | Address Where You Receive Mail | Apt. #                    | City                      | County               | State | Zip Code |            |          |       |                |
| <b>12</b> | Address Where You Live         | Apt. #                    | City                      | County               | State | Zip Code |            |          |       |                |
| <b>13</b> | Phone<br>(     )               |                           |                           |                      |       |          |            |          |       |                |

Applicant Signature: By signing this application, I certify that the information provided is correct to the best of my knowledge, and I am the establishment owner or am authorized to act as the owner's agent. Further, I understand that false statements will be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action. I have read this form, the laws and the rules and have complied with them during this process. In addition, I agree to close the establishment in the event that the Cosmetology Inspector determines that the establishment is not in compliance with the applicable laws and rules.

|                   |              |
|-------------------|--------------|
| Owner's Signature | Today's Date |
|-------------------|--------------|

FOR OFFICE USE ONLY

|           |                |                |
|-----------|----------------|----------------|
| ID NUMBER | RECEIPT NUMBER | DATE PROCESSED |
|           |                |                |