

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

SCHOOL CHANGE OF STATUS
PLEASE PRINT USING BLUE OR BLACK INK

INSTRUCTIONS: The purpose of this form is for any type of change of status or relocation to an existing school. **Please complete the entire form and submit it to the above address to be processed. Please put an (X) next to the description that you are requesting. Once information below is processed for name/owner/both/ or relocation, a new license will be mailed to you with the new information provided.**

FEE CALCULATION TABLE

(X)	<u>DESCRIPTION</u>	<u>AMOUNT DUE</u>
	CHANGE NAME ONLY	\$500.00
	CHANGE OWNER ONLY	\$500.00
	CHANGE OWNER AND NAME	\$1,000.00

School Name				Telephone Number ()		
Address		Suite #	City	County	State	Zip Code
Ownership Information (CIRCLE ONE)	Sole Proprietorship Partnership Corporation			License Number		
Name of Sole Proprietorship/Partnership/Corporation				Email Address (REQUIRED)		
Address		Suite #	City	County	State	Zip Code
Name of Sole Proprietorship/Partnership/Corporation				Email Address (REQUIRED)		
Address		Suite #	City	County	State	Zip Code

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 school 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 schools.
5. You will close your establishment if the Inspector finds the establishment not in compliance with applicable rules.

Print Owner's Name	Owner's Signature	Today's Date
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DO NOT WRITE IN THIS AREA

DATE		AMOUNT		RECEIPT	
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