

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

SCHOOL RELOCATION APPLICATION

PLEASE PRINT USING BLUE OR BLACK INK

INSTRUCTIONS: File this application along with the **\$1,500.00 fee** to change the address of your location. Please see Rule 6.4 under the Rules for more information regarding relocating your school.

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

SCHOOL NAME				License Number		
MAILING ADDRESS		SUITE	CITY	COUNTY	STATE	ZIP CODE
PHYSICAL ADDRESS		SUITE	CITY	COUNTY	STATE	ZIP CODE
OWNERSHIP INFORMATION (CIRCLE ONE)		SOLE PROPRIETORSHIP		PARTNERSHIP		CORPORATION
NAME OF OWNER				Telephone Number ()		
Courses offered						
Cosmetology		Manicuring		Aesthetician		Instructor
Electrology						

SECTION B -- RELOCATION INFORMATION

NEW MAILING ADDRESS		SUITE	CITY	COUNTY	STATE	ZIP CODE
NEW PHYSICAL ADDRESS		SUITE	CITY	COUNTY	STATE	ZIP CODE
Days Closed (CIRCLE ALL THAT APPLY)	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
RELOCATION DATE		TELEPHONE NUMBER ()		Email Address (REQUIRED)		
Courses offered						
Cosmetology		Manicuring		Aesthetician		Instructor
Electrology						

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.

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

DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY

LICENSE NUMBER	RECEIPT NUMBER	DATE PROCESSED	
----------------	----------------	----------------	--