

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

1	Establishment Name		2	Telephone Number ()
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(If a rural route or Post Office Box please provide directions on reverse side.)

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

OWNER INFORMATION

8	Is the owner a Corporation? YES NO	If yes, name of corporation: (also complete items 11 & 13)	If no, is owner licensed? YES NO	Id Number	License Number
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Complete the following information regarding the owner.

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

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
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FOR OFFICE USE ONLY

ID NUMBER	RECEIPT NUMBER	DATE PROCESSED