(1) Any person, firm or corporation seeking to open a new body art institution shall submit an application to the Body Art Section office and receive approval from the Department. The application shall be accompanied by the following information:

(A) Completed application provided by the Department and available on the Department’s website at healthy.arkansas.gov.

(B) Detailed floor plans of the proposed institution showing adequate floor space.

(C) A current financial statement prepared by a certified public accountant.
   (i) If the financial statement is more than 180 days old, an applicant must also provide a supplemental financial statement within 180 days of the application.
   (ii) The applicant must demonstrate that it has the financial resources to ensure continuity of operation of the institution, provide a quality educational program, and fulfill its obligations to students for at least 12 months, without relying on student tuition, work history and resume of the owner.

(D) List of proposed equipment to accommodate all student applicants for any combination of body art.

(E) Instructor Form for Instructors shall be completed listing detailed information such as Instructor’s education, previous work experience, etc.

(F) Correspondence from the Planning and Zoning Board certifying that the area which the proposed institution is to be located is properly zoned for this type of business.

(G) If applicable a statement certifying that the owner(s) of the proposed institution shall provide not less than:
   (i) four hundred (400) hours of supervised body art work (including at least one hundred fifty (150) hours of hands-on techniques training) in a period not less than six (6) months or more than twenty-four (24) months for all students enrolled;
   (ii) three hundred seventy-five (375) hours of supervised branding work (including at least one hundred fifty (150) hours of hands-on techniques training) in a period not less than six (6) months or more than twenty-four (24) months for all students enrolled; or
(iii) Additional fields of body art may be added by completing two hundred fifty (250) hours of supervised work (including at least one hundred (100) hours of hands-on techniques training) in other fields in a period not less than four (4) months after completion and licensure for the initial field of study.

(H) The owner shall file a statement designating the name and address of the person who is authorized to accept service of notice from the Department and to transact all business negotiations on behalf of the proposed institution including answers to citations and/or hearings, and compliance with rulings issued by the Department and/or Cosmetology Technical Advisory Committee.

(I) Samples of all forms to be used in the institution including but not limited to:
   (i) attendance record;
   (ii) sign-in sheets;
   (iii) student time sheets/card;
   (iv) contracts;
   (v) daily activity check list; and
   (vi) progress cards.

(J) The required registration fee.

(K) Proof that each student enrolled has a high school diploma or its equivalent.

(L) Proof that the institution adopts and discloses to the students the complaint process outlined in Rule 11.
   
   (2) When the above information is received in full the Department will conduct the initial inspection described in Rule 8.9
   
   (3) When the institution application and initial inspection meets all requirements, the Department will notify the applicant to proceed with school preparations and advertisement for student permit applications, pending the final inspection described in Rule 8.10.
New Private Postsecondary Body Art Institution Requirements

File this application along with the $150.00 non-refundable fee.

### INSTITUTION INFORMATION

<table>
<thead>
<tr>
<th>INSTITUTION INFORMATION</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSTITUTION</td>
<td></td>
</tr>
<tr>
<td>MAILING ADDRESS</td>
<td>CITY, COUNTY, STATE, ZIP CODE</td>
</tr>
<tr>
<td>PHYSICAL ADDRESS</td>
<td>CITY, COUNTY, STATE, ZIP CODE</td>
</tr>
<tr>
<td>EMAIL ADDRESS (REQUIRED)</td>
<td>COURSES OFFERED</td>
</tr>
<tr>
<td></td>
<td>PERMANENT COSMETICS, TATTOO, PIERCING</td>
</tr>
</tbody>
</table>

### OWNER INFORMATION - If Sole Proprietorship or Partnership list the name, mailing address, and phone number for the owner(s).

<table>
<thead>
<tr>
<th>OWNER INFORMATION</th>
<th>SOLE PROPRIETORSHIP</th>
<th>PARTNERSHIP</th>
<th>CORPORATION</th>
<th>LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWNER NAME</td>
<td>TELEPHONE NUMBER</td>
<td></td>
<td></td>
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</table>

### CORPORATION INFORMATION - If a Corporation, list the exact name of the Corporation, names, mailing address and phone number of the President, Secretary, and Agent of Service of the Corporation.

<table>
<thead>
<tr>
<th>CORPORATION INFORMATION</th>
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<tr>
<td>NAME OF CORPORATION</td>
<td></td>
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<tr>
<td>MAILING ADDRESS</td>
<td>CITY, COUNTY, STATE, ZIP CODE</td>
</tr>
<tr>
<td>PRESIDENT'S NAME and ADDRESS</td>
<td>TELEPHONE NUMBER</td>
</tr>
<tr>
<td>SECRETARY'S NAME and ADDRESS</td>
<td>TELEPHONE NUMBER</td>
</tr>
<tr>
<td>AGENT OF SERVICE NAME and ADDRESS</td>
<td>TELEPHONE NUMBER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER’S SIGNATURE</th>
<th>TODAY’S DATE</th>
</tr>
</thead>
</table>
INSTITUTION SUPERVISOR FORM

1) Every institution shall at all times be in charge of and under the immediate supervision of the Institution Supervisor.
2) The Institution Supervisor must be currently licensed as an instructor.

SUPERVISOR’S NAME ________________________________ Phone # __________________

EXPERIENCE RECORD: (Experience that qualifies for Supervisor Position)

EXPERIENCE (Employment date state Months and Years)

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>Shop Name</th>
<th>City</th>
<th>State</th>
<th>Phone #</th>
<th>Emp Dates Beg/End</th>
</tr>
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INSTRUCTOR EXPERIENCE (Employment date state Months and Years)

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<thead>
<tr>
<th>Employer’s Name</th>
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<th>State</th>
<th>Phone #</th>
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<td>Phone #</td>
<td>Emp Dates Beg/End</td>
</tr>
</tbody>
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CERTIFICATION

I, ________________________________, do hereby certify that the employment record contained on this form is an accurate record of my employment history.

DATE: _______________ SUPERVISOR’S SIGNATURE __________________________________________

I, ________________________________, d/b/a ________________________ do hereby certify that the above-named individual is under my employment in the capacity of INSTITUTION SUPERVISOR.

DATE: _______________ OWNER’S SIGNATURE __________________________________________
I, __________________________, d/b/a ________________________________

OWNER’S NAME INSTITUTION NAME

do hereby designate and authorize ________________________________ to accept service of notice

DESIGNEE’S NAME

from the Department and to transact all business negotiations on behalf of the institution, including answers to

citations for

hearing, and compliance with rulings issued by the Department.

DATED THIS ______DAY OF _____________________, 20___.

________________________________________

OWNER/ADMINISTRATOR’S SIGNATURE

________________________________________

DESIGNEE’S SIGNATURE
NAME OF INSTITUTION: ____________________________________________

ADDRESS OF INSTITUTION: ________________________________________

INSTITUTION SCHEDULE

HOURS OF OPERATION

M______________________________________________________________
T______________________________________________________________
W______________________________________________________________
T______________________________________________________________
F______________________________________________________________
S______________________________________________________________

THEORY CLASS SCHEDULE

M______________________________________________________________
T______________________________________________________________
W______________________________________________________________
T______________________________________________________________
F______________________________________________________________
S______________________________________________________________

I ALSO HAVE IN MY INSTITUTION A TIME CLOCK FOR KEEPING ACCURATE TIME RECORDS FOR
STUDENTS (yes) ______ (no) ____________. IF ANSWER IS NO, PLEASE EXPLAIN:  ________________________________________________

______________________________________________________________

Signature of Owner and/or Instructor                             Date