

**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 **\$1,000.00 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 | SATURDAY | | |
| 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 |
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