ARKANSAS STATE BOARD OF COSMETOLOGY
101 EAST CAPITOL, SUITE 108
LITTLE ROCK, AR 72201
(501) 682-2168

ESTABLISHMENT RELOCATION APPLICATION

PLEASE **PRINT** USING BLUE OR BLACK INK

INSTRUCTIONS: File this application when the establishment location has changed. 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:
A 2X2 PHOTO OF THE OWNER (unless the owner is a corporation)
A COPY OF THE OWNER'S DRIVER'S LICENSE
$50 NEW ESTABLISHMENT FEE

SECTION A -- ESTABLISHMENT INFORMATION CURRENTLY ON FILE WITH THE BOARD *(PRIOR TO CHANGE)*

Establishment Name	**Id Number**	**License Number**

Address Where Establishment Receives Mail	**Suite #**	**City**	**County**	**State**	**Zip Code**

Physical Address of Establishment	**Suite #**	**City**	**County**	**State**	**Zip Code**

Type of Establishment (CIRCLE ONE)	**COSMETOLOGY**	**MANICURE**	**ELECTROLOGY**	**AESTHETICIAN**

Name Of Owner	**Telephone Number** ( )

SECTION B -- RELOCATION INFORMATION

NEW Address Where Establishment Receives Mail	**Suite #**	**City**	**County**	**State**	**Zip Code**

NEW Physical Address of Establishment	**Suite #**	**City**	**County**	**State**	**Zip Code**

Type of Establishment (CIRCLE ONE)	**COSMETOLOGY**	**MANICURE**	**ELECTROLOGY**	**AESTHETICIAN**

Days Closed (CIRCLE ALL THAT APPLY)	**SUNDAY**	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SATURDAY**

Opening Date	**Telephone Number** ( )

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 establishment owner or are authorized to act as the owner's agent.
3. You have read this form, the laws and regulations.
4. You have complied with all laws, rules and regulations governing cosmological establishments.
5. You will close your establishment if the Inspector finds the establishment not in compliance with applicable rules and regulations.

Owner's Signature	Today's Date

DO NOT WRITE BELOW THIS AREA – FOR OFFICE USE ONLY

ID NUMBER	RECEIPT NUMBER	DATE