

**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  
\$150 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**

<u>NEW</u> Address Where Establishment Receives Mail		Suite #	City		County		State	Zip Code
<u>NEW</u> 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
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**DO NOT WRITE BELOW THIS AREA – FOR OFFICE USE ONLY**

ID NUMBER	RECEIPT NUMBER	DATE