## ARKANSAS DEPARTMENT OF HEALTH COSMETOLOGY SECTION 4815 West Markham, Slot 8 Little Rock, AR 72205 (501) 682-2168

## **NEW ESTABLISHMENT REGISTRATION**

**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, which will allow you to open and operate said salon until such time it is inspected.

## THIS FORM MUST BE SUBMITTED WITH: **\$5.00 NON-REFUNDABLE NEW ESTABLISHMENT FEE**

If requested information is not applicable, please respond with N/A

Establishment Name										Tele	Telephone Number		
Address Where Establishment Receives Mail				Sui	te #	City			Cou	nty	State	Zip Code	
Physical Address of Establishment				Sui	te #	City			Cou	nty	State	Zip Code	
Type of Establishment								Emoi	l Address				
Type of Establishment					EmaitAddres								
COSMETOLO	DGY M	IANICURE	ELECTROLOGY		AESTHE	ETICIAN							
Days Open (Che							Opening Date						
		<b>-</b> .				_							
Sunday I	Monday	Tuesday	Wednesday	Ih	ursday	F	riday	Saturda	у				
Owner Information:													
Is the owner a corporation? If yes, name of corporation:					If nc					no, is owner licensed? License Number			
										/ N			
Yes No					Yes					es No			
Complete the following information regarding the owner:													
Last Name Fi			rst Name						Middle Name				
SSN Date of Birth G			Gender Race										
331		Date of Birt		enuer			Nace						
				Male	Fema	le	Black	White	Am. Indian	Hispanic	Asian A	laskan Native	
Owner or Corporation Address Ar				pt. #	t. # City					County State Zip Code			
Owner or Corporation Email address Ow									Owner or Cr	Dwner or Corporation Phone Number			
Owner's Signature									То	Today's Date			

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.