

**ARKANSAS DEPARTMENT OF HEALTH  
BODY ART 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 establishment until such time it is inspected.

**THIS FORM MUST BE SUBMITTED WITH:  
\$150 NON-REFUNDABLE NEW ESTABLISHMENT FEE**

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

Establishment Name					Opening Date		
Address Where Establishment Receives Mail			Suite #	City	County	State	Zip Code
Physical Address of Establishment			Suite #	City	County	State	Zip Code
Telephone Number				Email Address (Required)			
Days Open and Hours of Operation (Enter all that apply)					Type of Establishment		
Sunday _____ Monday _____ Tuesday _____ Wednesday _____  Thursday _____ Friday _____ Saturday _____					BODY ART _____  PIERCING _____  PERMANENT COSMETICS _____		

**Complete the following information regarding the owner**

Last Name		First Name		Is the owner a corporation or LLC?		If yes, name of corporation or LLC			
				Yes      No					
SSN	Date of Birth	Gender		Race					
		Male	Female	Black	White	Am. Indian	Hispanic	Asian	Alaskan Native
Owner, Corporation or LLC Address			Apt. #	City	County	State	Zip Code		
Owner, Corporation, or LLC Email address (required)						Owner, Corporation, or LLC Phone Number			
Is owner licensed?	If yes, License Number	If no, name of Licensed Artist on Staff			Artist License Number	Artist Phone Number and Email Address			
Yes      No									

**Applicant Signature:** 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 Inspector determines that the establishment is not in compliance with the applicable laws and rules.

Owner's Signature	Today's Date
Artist's Signature	Today's Date