

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

**SCHOOL CHANGE OF STATUS APPLICATION**

**INSTRUCTIONS:** The purpose of this form is for any type of change of status to an existing school. **Refer to table below for required fee and instructions as to what sections of this application are required. Place an "X" in the box to indicate the type of application.**

**A NEW LICENSE WILL BE MAILED OUT IN APPROXIMATELY TWO (2) WEEKS.**

**FEE CALCULATION TABLE**

(X)	<u>DESCRIPTION</u>	<u>AMOUNT DUE</u>	<u>SECTIONS TO BE COMPLETED</u>
	CHANGE NAME ONLY	\$100.00	SECTIONS: (A); (B); (D)
	CHANGE OWNER ONLY	\$100.00	SECTIONS: (A); (C); (D)
	CHANGE OWNER AND NAME	\$200.00	SECTIONS: (A); (B); (C); (D)

**SECTION (A) – SCHOOL INFORMATION CURRENTLY ON FILE WITH THE COSMETOLOGY SECTION (PRIOR TO CHANGE)**

School Name				Telephone Number ( )		
Address Where School Receives Mail		Suite #	City	County	State	Zip Code
Physical Address of School		Suite #	City	County	State	Zip Code
Type of School (CIRCLE ONE)	COSMETOLOGY   MANICURE   ELECTROLOGY   AESTHETICS			ID NUMBER	LICENSE NUMBER	
Name of Owner (Corporation or Individual)						

**SECTION (B) – NEW SCHOOL NAME**

NEW School Name
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**DO NOT WRITE IN THIS AREA – FOR OFFICE USE ONLY**

DATE		ID NUMBER		RECEIPT	
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### **SECTION (C) – NEW SCHOOL OWNER**

Is the NEW owner a corporation?  YES      NO	If yes, name of corporation	If no, is new owner licensed?  YES      NO	Id number	License number
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#### **COMPLETE THE FOLLOWING INFORMATION REGARDING NEW OWNER.**

Last Name		First Name (no nicknames)			Middle Name		SSN		
Date of Birth	Gender (Circle One) MALE    FEMALE	Race (circle one)	Black	White	Am. Indian	Hispanic	Asian	Alaskan Native	
Address Where You Receive Mail			Apt #	City		County		State	Zip Code
Address Where You Live			Apt #	City		County		State	Zip Code
Phone (    )			Email Address (REQUIRED)						

### **SECTION (D) – OWNER CERTIFICATION**

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 owner 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 School if the inspector finds the School not in compliance with applicable rules.

Print Owner's Name	Owner's Signature	Today's Date
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### **REQUIREMENTS TO CHANGE OWNER:**

**(7.12) Purchase of an Existing School of Cosmetology or Post-Secondary School of Cosmetology**

**(A)** Any person, firm or corporation seeking to purchase an existing school of cosmetology or Post-secondary School of Cosmetology shall submit the following information at least thirty (30) days prior to the purchase:

- (1)** An application shall be filed to reflect the change of ownership.
- (2)** The new owner shall file a statement designating the name and address of the person who is authorized to accept service of notice from the Department and to transact all business negotiations on behalf of the school of cosmetology or postsecondary school of cosmetology, including answers to citations for hearings, and compliance with rulings issued by the Department.
- (3)** Instructor Form shall be completed listing detailed information; such as the Instructor's education, previous work experience, etc.
- (4)** One certified financial statement.
- (5)** Copy of the legal change of ownership document.
- (6)** Copy of the new owner's government issued photo identification.
- (7)** Samples of all forms to be used in the school of cosmetology or postsecondary school of cosmetology; such as attendance record, sign-in sheets, state inspector time sheets, contracts, releases, progress records, progress cards.
- (8)** The Required registration Fee.

#### **DO NOT WRITE IN THIS AREA – FOR OFFICE USE ONLY**

DATE		ID NUMBER		RECEIPT	
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