

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

RELOCATION APPLICATION

INSTRUCTIONS: File this application when relocating a licensed Establishment and/or Institution. 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/Institution until such time it is inspected. **Relocating an Establishment/Institution is considered a NEW Establishment/Institution and New establishment application fees will apply.**

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

**SECTION A -- INFORMATION CURRENTLY ON FILE WITH THE BODY ART
SECTION (PRIOR TO CHANGE)**

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

Establishment/Institution Name					Opening Date		
Address Where Establishment/Institution Receives Mail			Suite #	City	County	State	Zip Code
Physical Address of Establishment/Institution			Suite #	City	County	State	Zip Code
Telephone Number				Email Address (Required)			
Name Owner				Telephone Number			
Is owner licensed? Yes No	If yes, License Number	If no, name of Licensed Artist on Staff			Artist License Number	Artist Phone Number and Email Address	

SECTION B -- RELOCATION INFORMATION

<u>New</u> Address Where Establishment/Institution Receives Mail			Suite #	City	County	State	Zip Code
<u>New</u> Physical Address of Establishment/Institution			Suite #	City	County	State	Zip Code
Days Open (CIRCLE ALL THAT APPLY)	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Type of Establishment/Institution (CIRCLE ALL THAT APPLY)	BODY ART- TAT AND BP		BODY ART- TATTOO		BODY ART – PIERCING		PERMANENT COSMETICS

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/Institution 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/Institution in the event that the Inspector determines that the Establishment/Institution is not in compliance with the applicable laws and rules.

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