

# ARKANSAS BOARD OF DISPENSING OPTICIANS

Post Office Box 627 | Helena, AR 72342 | Voice and Fax Line: (870) 572-2847

## OFFICE PERMIT APPLICATION FORM

Office Permit RENEWAL YEAR: July 1, 2023 to June 30, 2024

### INSTRUCTIONS

**Applicants must include the following:**

1. Completed Application Form and enclose Application fee in the amount of \$60.00
2. If Applicant is a domestic corporation, a copy of its Articles of Incorporation;
3. If Applicant is a foreign corporation, a copy of its proof of authority to conduct business within the State of Arkansas.

**Name of Applicant:** \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

Name of Owner of Business: \_\_\_\_\_ Email Address: \_\_\_\_\_

Location of Business (STREET # and CITY): \_\_\_\_\_

Mailing Address of Business: (STREET and APT # or P.O. BOX): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

IF INCORPORATED PLEASE PROVIDE THE FOLLOWING INFORMATION:

Corporate Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

**Name of Agent for Service:** \_\_\_\_\_

Street Address, City, Zip: \_\_\_\_\_

Mailing Address, City, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Check the days of the week that the optical center is open for business:

Sunday     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

List the hours that the optical center is open for business: \_\_\_\_\_

**NAME, LICENSE # AND HOURS TO BE WORKED BY ALL LICENSED OR REGISTERED DISPENSING OPTICIANS.**

NAME AND EMAIL ADDRESS	LICENSE NUMBER	HOURS PER WEEK AT THIS LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NAME, LICENSE # AND HOURS TO BE WORKED BY ALL APPRENTICE DISPENSING OPTICIANS.**

NAME AND EMAIL ADDRESS	APPRENTICE NUMBER	HOURS PER WEEK AT THIS LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date