ARKANSAS DEPARTMENT OF HEALTH
COSMETOLOGY AND MASSAGE THERAPY SECTION
4815 West Markham, Slot 8
Little Rock, AR 72205
(501) 682-2168 (501) 683-1448

MASSAGE THERAPY SPA/CLINIC REGISTRATION

INSTRUCTIONS: File this application when registering for a new spa/clinic certificate. You will receive a certificate of authorization, to be posted in the reception area, which will allow operation of said spa/clinic.

If requested information is not applicable, please respond with N/A (Except where required)

Spa/Clinic Name					Telephone Number
Address Where Spa/Clinic Receives Mail	**Suite #**	**City**	**County**	**State**	**Zip Code**
Physical Address of Spa/Clinic	**Suite #**	**City**	**County**	**State**	**Zip Code**

Type of Spa/Clinic (CHECK ONE)	Email Address
☐ COSMETOLOGY ☐ MANICURE ☐ ELECTROLOGY ☐ AESTHETICIAN ☐ MASSAGE	

Days Open (Circle all that apply)	Opening Date
☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday	
Name of Licensed Therapist (Required)	***License Number*** **
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Name of Licensed Therapist (Required)	***License Number*** **

(For additional Licensed Therapist please attach a separate sheet or use additional form)

Owner Information

Is the owner a Corporation? Yes No	If yes, name of corporation:	If no, is owner licensed? Yes No	License Number

Complete the following information regarding the owner

Last Name	First Name	Middle Name

SSN	Date of Birth	Gender ☐ Male ☐ Female	Race ☐ Black ☐ White ☐ Am. Indian ☐ Hispanic ☐ Asian ☐ Alaskan Native

Owner or Corporation Address	Apt. #	City	County	State	Zip Code

Owner or Corporation Email address	Owner or Corporation Phone Number

Applicant Signature: By signing this registration, I certify that the information provided is correct to the best of my knowledge, and I am the spa/clinic owner or am authorized to act as the owner's agent. Further, I understand that false statements will be sufficient grounds for the Massage Therapy 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 spa/clinic in the event that the Inspector determines that the spa/clinic is not in compliance with the applicable laws and rules.

Owner's Signature	Today's Date

DO NOT WRITE BELOW THIS AREA – FOR OFFICE USE ONLY

LICENSE NUMBER	RECEIPT NUMBER	DATE