ARKANSAS DEPARTMENT OF HEALTH
BODY ART SECTION
4815 WEST MARKHAM, SLOT #8
LITTLE ROCK, AR 72205
(501) 682-2168

Event Sponsor
Temporary Demonstration License

INSTRUCTIONS: This form shall be used to request an Event Sponsor Temporary Demonstration License. The form must be completed and returned to the Section's office, along with the required fees **FORTY-FIVE (45)** days prior to the event.

Required items:

1. A completed Event Sponsor – Temporary Demonstration License form (this form).
2. A check or money order for the $50.00 per artist not to exceed $2000.00
3. List of Guest Artist expected to perform at the event

Applicant Information:

First Name	Middle Name	Last Name		
Address	Apt #	City	State	Zip Code
Phone Number	Email Address			
SSN	Date of Birth	License Number	State Issued	

Guest Artist List:		

By signing this form, I certify that the information provided is correct to the best of my knowledge.

Printed Name	**Signature**	**Date**