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

Event Host Temporary Demonstration License

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

Required items:

- 1. A completed Event Host 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.

pplicant Information: First Name		Middle Name Last Name			Last Name		
Address	Apt #	City				State	Zip Code
Phone Number	Emai	l Address					
SSN	Date	Date of Birth			nse Number		State Issued
Name of Event	Locat	Location of Event		Date(s) of Event			Time of Event
Guest Artist List: (Use addition	n sheets if necessary)					
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sy signing this form, I certify th	nat the information p	rovided is corre	ect to the best of	my knowle	edge.		
Printed Host Name			Signature	•		Date	