

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. As required by Law 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.

**17-26-609. Temporary demonstration license.**

**(e) (1)** An application for a temporary demonstration license shall be submitted to the department not less than forty-five (45) days before the event for educational purposes, trade show, or demonstration of body art products and procedures where body art is performed.

**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. Host is responsible for supplying a list of Guest Artist expected to perform at the event ten (10) days prior to event date, please email the list to [adh.bodyart@arkansas.gov](mailto:adh.bodyart@arkansas.gov).

**Applicant Information:**

Last Name		First Name		Middle Name	
Address	Apt #	City		State	Zip Code
Phone Number		Email Address			
SSN (required)	Date of Birth (required)		License Number (if applicable)		State Issued
Name of Event		Location of Event (Actual Address)			
Date(s) of Event			Time of Event		

By signing this application, I certify that the information provided above is true and accurate. Further, by signing, I agree to follow the Arkansas Department of Health Rules pertaining to Body Art. Not following the Law or the Rules could be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.

Printed Host Name	Signature	Date
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