

ARKANSAS DEPARTMENT OF HEALTH  
4815 West Markham, Slot 46  
Little Rock AR 72205

**APPLICATION FOR BODY ART TEMPORARY DEMONSTRATION LICENSE**

**Sponsor of Event:** \_\_\_\_\_

**Trade Show Artist:** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

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

**Phone #.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Dates and Location of Trade Show:**

\_\_\_\_\_

**Pigment(s) to be used:** \_\_\_\_\_

\_\_\_\_\_

**Signature of Artist**

\_\_\_\_\_

**Date**

**Body Artists please submit the following information:**

- 1) Copy of any current licenses held from other states
- 2) Proof of attendance - Blood Borne Pathogen Course
- 3) List of pigments to be used-must be on accepted list of Arkansas Department of Health OR an MSDS sheet to be provided

**Sponsors** must submit \$50.00 Temporary Demonstration License Fee per Artist  
(check or money order made out to ADH)

**Note: Out of State Trade Show Artists must take written exam prior to the start of the convention.**

Please use enclosed envelope to return completed form, required information and fees.  
**Must be received no later than 45 days prior to the body art trade show or guest artist appearance at a licensed shop.** If you have questions please contact us at 501-661-2171.