

Body Art Temporary Event Guidelines

***** INQUIRIES: PLEASE CONTACT SHAWNA HENSON @ 501-661-2606 M-F 8:00AM -4:00PM CST.*****

PROMOTOR/SPONSOR SHALL:

- * CONTACT ADH BODY ART SECTION NOT LESS THAT 90 DAYS PRIOR TO THE EVENT WITH EVENT PROPOSAL.
- * SUBMIT EVENT/ARTIST APPLICATIONS TO ADH NOT LESS THAN 45 DAYS PRIOR TO THE EVENT.
- * PROVIDE PROSPECTIVE ARTISTS WITH ADH TEMPORARY EVENT APPLICATION.
- * COLLECT ALL ARTISTS APPLICATIONS AND APPROPRATE FEES PAYABLE AND DUE TO ADH.
- * PROVIDE COMPLETED ARTIST APPLICATIONS TO ADH BODY ART SECTION WITH SUPPORTING DOCUMENTATION. APPLICATIONS WITHOUT MINIMUM SUPPORTING DOCUMENTATION WILL BE REJECTED.
- * SUBMIT THE APPROPRIATE ARTIST APPLICATIONS AND EVENT FEES TO ADH AT 45 DAYS AND ALSO 5 DAYS PRIOR TO THE EVENT.
- * PROVIDE A ROSTER OF ALL ATTENDING BODY ARTISTS NOT LESS THAN 45 DAYS PRIOR TO THE EVENT AND ALSO AT 5 DAYS PRIOR TO THE EVENT.

NOTE: LATE ARTIST REGISTRATIONS THE DAY OF THE EVENT ARE STRONGLY DISCOURAGED.

PROMOTER/SPONSOR FEES:

- *ARTIST FEES SHALL BE COLLECTED BY THE SPONSOR/PROMOTOR AND SUBMITTED TO ADH BODY ART SECTION AT 45 DAYS AND 5 DAYS PRIOR TO THE EVENT CONSISTENT WITH THE FINAL ROSTER COUNT.
- *AN EVENT FEE OF \$50.00 PER ARTIST TO **INCLUDE BOTH** IN-STATE AND OUT OF STATE ARTIST COUNTS NOT TO EXCEED \$2,000.00 PER EVENT. THIS FEE IS PAYABLE TO ADH.
- *AN ARTIST FEE OF \$50.00 PER ARTIST APPLICATION UNLESS THE APPLICANT IS CURRENTLY LICENSED IN ARKANSAS AS A BODY ARTIST. THIS FEE IS PAYABLE TO ADH AND DEPENDENT ON THE TOTAL NUMBER OF APPLICANTS.
- * ALL CHECKS SHOULD BE MADE PAYABLE TO: ARKANSAS DEPARTMENT OF HEALTH OR ADH. MONEY ORDERS OR CERTIFIED CHECKS ARE PREFERRED. NO CASH.

EVENT FEE	
$\$50 \times \underline{\hspace{2cm}}$ (# OF BODY ARTISTS NOT LICENSED IN ARKANSAS AND LICENSED IN ARKANSAS)	$= \$ \underline{\hspace{2cm}} *$
EVENT FEE NOT TO EXCEED \$2,000.00 PER EVENT	

TEMPORARY LICENSES AND FEES FOR ATTENDING ARTISTS:

- * OUT OF STATE ARTIST APPLICATION FEES ARE \$50.00 PER ARTIST APPLICATION (NO LIMIT).
- APPLICATION FEES ARE NON-REFUNDABLE AND MUST SUBMITTED BY THE PROMOTOR TO ADH @ 45 AND 5 DAYS PRIOR TO THE EVENT.

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

GUEST ARTIST APPLICATION FOR BODY ART TEMPORARY DEMONSTRATION LICENSE

Artist Name: _____ D.O.B. _____

Mailing Address: _____

_____ Phone No.: _____

Act 596 of 2013 --- A guest artist may be issued a temporary demonstration license to appear as a guest artist no more than one (1) time every three (3) months.

Dates, Name & Location of Licensed Establishment for Guest Artist appearance (maximum 14 consecutive days)

Pigment(s) to be used: _____

*Documentation of licensure as an artist in another state or country or employment history in a studio licensed by the regulatory board or agency in another state or country.

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 (current calendar year)
- 3) List of pigments to be used-must be on accepted list of AR Dept. of Health
OR an MSDS sheet to be provided
- 4) Completed study guide

**Guest Artists - Submit \$50.00 Temporary Demonstration License Fee
(check or money order made out to ADH)**

Please use enclosed envelope to return completed form, required information and fees.
Must be received no later than 7 days prior to guest artist appearance at a licensed shop. If you have questions please contact ShawnaHenson at (501)661-2606