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 THAN 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 APPROPRIATE 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.

PROMOTOR/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.

<table>
<thead>
<tr>
<th>EVENT FEE</th>
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<td>$50 x ___ (# OF BODY ARTISTS NOT LICENSED IN ARKANSAS AND LICENSED IN ARKANSAS)</td>
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*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