



BODY ART SPONSOR VERIFICATION

SPONSOR INFORMATION

*Sponsor License Number: _____

*Name (last, first, middle initial): _____

*Phone: _____ *Email: _____

*Required - All communications (including renewal notices) will be sent to this email address.

ESTABLISHMENT INFORMATION

*Establishment License Number: _____

*Name of Establishment: _____

*Phone: _____ Website: _____

I _____, agree to sponsor _____, during their thirty (30) day guest licensure period while they practice in the State of New Mexico.

AFFIDAVIT:

I _____, under penalty of perjury, HEREBY DEPOSE AND STATE, that I am the person described and identified in this application and the information given by me is true and complete to the best of my knowledge and belief. I understand that any information contained in this application may be investigated and any false or dishonest answer to any question in this application may be grounds for denial or revocation of my license.

I further understand I cannot work as a Body Artist until I have received a license issued by the Regulation and Licensing Department.

Applicant's Signature _____ Date _____

