

**NMRLD**NEW MEXICO
REGULATION &
LICENSING DEPARTMENTSTATE OF NEW MEXICO
BOARD OF BODY ART PRACTITIONERS**Special Event, Mobile Body Art Application*****Application Fee \$100.00*****Application Fees are non-refundable**

Required Fields. Print clearly and use blue or black ink only. Incomplete applications will be returned.

1. EVENT INFORMATION:			
NAME OF EVENT:		DATES OF EVENT:	
LOCATION/ADDRESS:			
ANTICIPATED TIME OF EVENT:		INDICATE INFECTION/SAFETY CONTROL PROVISION:	
2. EVENT COORDINATOR INFORMATION:			
NAME:		STREET ADDRESS:	
CITY:		STATE:	ZIPCODE:
PHONE NUMBER:		CELL:	
3. LICENSED SPONSOR INFORMATION:			
NAME(Last, First, middle initial):			
PHONE NUMBER:		LICENSE NUMBER:	
MAILING ADDRESS:		CITY:	STATE:
ZIPCODE:	EMAIL:		
4. ESTABLISHMENT OR EMPLOYMENT INFORMATION:			
ESTABLISHMENT NAME:		LICENSE NUMBER:	
MAILING ADDRESS:		CITY & STATE:	ZIP CODE:
BCD USE ONLY:			
RECEIVED ON:		PROCESSED BY:	RECEIPT NO:
AMOUNT:		CHECK/MO #	



5. PARTICIPANT INFORMATION: *List the staff members, licensees, or others who will participate*

[illegible]

Please attach additional artists on a separate sheet of paper.

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 _____

