



TEMPORARY BODY ART EVENT LICENSE

INFORMATION AND INSTRUCTIONS

US Citizenship/Lawful Presence (must be at **least 18** years old):

U.S. Citizen, a PHOTOCOPY of one of the following:

- Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted).
- U.S. Passport (unexpired or expired).
- Certificate of Naturalization.
- Other documents that show U.S. Citizenship.

A Driver's License is NOT acceptable.

NOT a U.S. Citizen, a PHOTOCOPY of one of the following:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- Form I-94 (Arrival-Departure Record) AND an unexpired foreign passport with a valid unexpired US visa; or
- Employment Authorization Card AND
 - An approved deferred action status (DACA);
 - A pending application for asylum in the United States;
 - A pending or approved application for temporary protected status in the United States; or
 - A pending application for adjustment of status to that of an alien lawfully admitted for permanent Residence in the United States or conditional permanent resident status in the United States.

NOTE: Documents (other than those for U.S. Citizenship) are verified by this office through the Department of Homeland Security

A copy of a government-issued photographic identification showing the individual's proof of age

A copy of the individual's body art license. You must submit verification of your current Body Art License (either by the State Licensing Board or an on-line license look-up).

Disciplinary Action: If you have had any disciplinary action(s) taken against your licenses, you must submit a copy of the disciplinary action(s), including charges and findings.

A sponsorship letter from the owner or operator of a licensed body art facility at which the individual will practice under the event license

Licensing Fee: \$50 (unless you qualify for a waiver). Pay by check/money order (your cancelled check is your proof of receipt); debit or credit card is not accepted.

Licensing Fee Waiver: Effective January 1, 2020, if you meet one of the following waiver options, your certificate fee is waived:

1. Young Worker: You are between the ages of 18 and 25 (under the age of 26).

2. Low-Income Individual: You are enrolled in a state or federal public assistance program such as the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, OR your household adjusted gross income is below 130% of the federal income poverty guideline.

- If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.

- If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.

- If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines <https://dhhs.ne.gov/licensure/Documents/LowIncomeFeeWaiverTable.pdf> To be eligible for this waiver, you must submit a copy of your most recent tax return.

3. Military Family: You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

TEMPORARY BODY ART EVENT LICENSE

Licensure Unit
 P.O. Box 94986, Lincoln, Nebraska 68509-4986
 402-471-2117 dhhs.licensure2117@nebraska.gov

Mail this application to the address listed above.

You must complete all sections of this application

TEMPORARY LICENSE FEE: \$50

A. Fee Waiver: If you meet one of the following fee waivers, your temporary license fee **is waived**.

Check only one waiver:

Young Worker: I am under 26 years old.

Low-income Individual:

I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program, OR

My household adjusted gross income is below 130% of the federal income poverty guideline.

Military Family: I am an active-duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

B. Fee Required if YOU DO NOT qualify for one of the above fee waivers you must pay \$50.

Pay by check or money order to: Licensure Unit
 Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

SECTION A: INFORMATION			
1	You must print your Legal Name below		
	First:	Middle:	Last Name:
	List any other names, you are or have ever been known as (AKA), including maiden name and your last name on your birth certificate		
2	Address:	Street/PO/Route:	
	City:	State or Country:	Zip:
3	Social Security Number (SSN):		
<p>Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is NOT public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.</p>			
4	If you ARE NOT a U.S. Citizen, list your Alien Registration # or I-94 #:	<input type="checkbox"/> A#: <input type="checkbox"/> I-94 #	
5	Date of Birth (Month/Day/Year):		Place of Birth (City/State or COUNTRY):

6	Place of Birth (City/State or COUNTRY):	Additional Phone #: (optional)*
	E-Mail Address:	

SECTION B: EVENT INFORMATION

The information below must be taken from the current salon license:

Name of Body Art Facility Hosting Event:	
Dates of the Body Art Event:	
Location of the Event: (Street)	
(City, State, Zip)	
Body Art Facility License Number:	
OPTIONAL - Telephone Number:	

SECTION D: CREDENTIAL INFORMATION: The following questions relate to any credential that you currently hold or have previously held to practice any profession or occupation in a state/jurisdiction other than Nebraska.

1	What state(s) are/were you credentialed in?	What type of credential(s) do you hold or have you held?		
2	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Licensure Action	Date of Action	Name of Entity Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you have disciplinary charges pending or if your credential has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Occupational Licensure Unit.				

SECTION E: ATTESTATION SECTION

For the purpose of meeting Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check ONE of the boxes below): I attest that:

- I am a citizen of the United States.
- I am NOT a citizen of the United States.
- I am a qualified alien under the federal Immigration and Nationality Act, or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
- I am NOT a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.
- I am NOT a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act

I further attest that: I have read the application or have had the application read to me; and I am of good character and all statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____

Note: The department shall create and issue a temporary, nonrenewable event license for an individual who is attending a body art event which shall allow the individual to practice for no more than seven consecutive days in any twelve-month period. No more than two temporary event licenses shall be issued to the same individual in any twelve-month period.