

# FIRST DISTRICT HEALTH UNIT

801 11<sup>TH</sup> AVE SW – PO BOX 1268

MINOT ND 58702-1268

PHONE (701)-852-1376 FAX (701)-852-5043

## BODY ART OPERATORS LICENSE APPLICATION

NAME OF OPERATOR		DATE OF BIRTH	
MAILING ADDRESS	CITY	STATE	ZIP CODE
FACILITY NAME AND ADDRESS	CITY	STATE	ZIP CODE
OPERATOR PHONE NUMBER	FACILITY PHONE NUMBER		
BODY ART PROCEDURES PERFORMED: TATTOOING PIERCING BOTH		DURATION OF APPRENTICESHIP	
NAME, ADDRESS, PHONE NUMBER OF OPERATOR UNDER WHOM APPRENTICESHIP WAS SERVED		NUMBER AND TYPE OF PROCEDURES PERFORMED	
APPLYING FOR: OPERATORS LICENSE TEMPORARY OPERATORS LICENSE			
IF APPLYING FOR TEMPORARY OPERATORS LICENSE: NAME, ADDRESS OF PERMANENT ESTABLISHMENT:  NAME AND CONTACT INFORMATION FOR LOCAL HEALTH DEPARTMENT:  NAME, LOCATION, DURATION OF EVENT:			
<b>LICENSE FEES:</b>			
STANDARD TATTOOING ONLY.....		250.00	
COSMETIC TATTOOING ONLY.....		250.00	
PIERCING ONLY.....		250.00	
TATTOOING AND PIERCING.....		300.00	

INCLUDE A COPY OF A CURRENT, PHOTO ID (COPY SHOULD BE COLOR AND CLEAR).  
INCLUDE PROOF OF HEPATITIS B VACCINATION.  
INCLUDE PROOF OF CPR CERTIFICATION AND COMPLETION OF BLOODBORNE PATHOGENS COURSE.  
INCLUDE PROOF OF APPRENTICESHIP INCLUDING ALL INFORMATION ON NUMBER AND TYPE OF PROCEDURES PERFORMED.  
IF APPLYING FOR TEMPORARY LICENSE, INCLUDE COPY OF LICENSE OF PERMANENT FACILITY.

IF ANY CHANGES ARE MADE TO ANY OF THE ABOVE ITEMS, NOTIFY THIS OFFICE IMMEDIATELY.

SEND APPLICATION, ASSOCIATED DOCUMENTS  
AND LICENSE FEE TO:

FIRST DISTRICT HEALTH UNIT  
PO BOX 1268  
MINOT ND 58702-1268

I CERTIFY THAT I AM FAMILIAR WITH ALL REQUIREMENTS IN THE FIRST DISTRICT HEALTH UNIT REGULATIONS FOR OWNERS AND OPERATORS OF BODY ART ESTABLISHMENTS AND EAR PIERCING ESTABLISHMENTS AND THAT I SHALL PERFORM ALL PROCEDURES IN A MANNER THAT IS IN FULL ACCORDANCE WITH ALL REGULATIONS CONTAINED THEREIN:

LICENSE SHALL BE RENEWED EACH CALENDAR YEAR.

SIGNATURE OF OPERATOR \_\_\_\_\_

DATE \_\_\_\_\_

AMENDED JANUARY 2020

EHP APPROVAL: \_\_\_\_\_