

FIRST DISTRICT HEALTH UNIT

801 11TH AVE SW – PO BOX 1268
 MINOT ND 58702-1268
 PHONE (701)-852-1376 FAX (701)-852-5043

BODY ART/EAR PIERCING FACILITY APPLICATION

NAME OF FACILITY	OWNER (INCLUDE ALL PERSONS WITH OWNERSHIP INTERESTS)		
FACILITY ADDRESS	CITY	ZIP CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
FACILITY PHONE NUMBER	WATER SUPPLY: PRIVATE MUNICIPAL		
TYPE OF FACILITY: PERMANENT TEMPORARY	BODY ART PROCEDURES PERFORMED: TATTOOING PIERCING EAR PIERCING		
PIERCING/TATTOOING FACILITY..... 250.00 EAR PIERCING FACILITY..... 125.00 TEMPORARY EVENT.....250.00 BASE FEE PLUS 30.00 PER OPERATOR			
NAMES AND OPERATOR LICENSE NUMBERS OF ALL OPERATORS (USE BACK SIDE IF NECESSARY): 			
IF TEMPORARY- NAME, LOCATION, DURATION OF EVENT: 			

**YOU MUST INCLUDE A COPY OF THE OPERATORS LICENSE OF EACH OPERATOR.
 YOU MUST ALSO INCLUDE YOUR WRITTEN PLAN.
 YOU MUST ALSO INCLUDE A COPY OF YOUR PRE-PROCEDURAL EDUCATIONAL INFORMATION, YOUR AFTERCARE INSTRUCTIONS, CLIENT CONSENT FORM AND CLIENT RELEASE FORM (TATTOOING OR PIERCING); OR WRITTEN CONSENT FORM, INFORMATION FORM AND AFTERCARE INSTRUCTIONS (EAR PIERCING).
 FOR NEW CONSTRUCTION, INCLUDE A COPY OF THE PLUMBING CERTIFICATE AND OF THE ELECTRICAL CERTIFICATE.
 FAILURE TO INCLUDE THESE DOCUMENTS WILL RESULT IN THE RETURN OF YOUR APPLICATION.**

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 THE ABOVE LISTED FACILITY SHALL BE OPERATED IN FULL ACCORDANCE WITH ALL REGULATIONS CONTAINED THEREIN:

LICENSE SHALL BE RENEWED EACH CALENDAR YEAR.

 SIGNATURE OF OWNER DATE

AMMENDED MAY 2021

EHP APPROVAL: _____