

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 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:	OPERATOR EMAIL:		
(CHOOSE ONLY ONE OF THE FOLLOWING) I WILL BE:			
<input type="checkbox"/> A PERMANENT OPERATOR <input type="checkbox"/> WORKING AT A TEMPORARY EVENT <input type="checkbox"/> A GUEST ARTIST <input type="checkbox"/> AN APPRENTICE <input type="checkbox"/> A STUDENT			
BODY ART PROCEDURES PERFORMED: TATTOOING PIERCING BOTH		IF TATTOOING, WHAT TYPE: COSMETIC STANDARD	
FOR APPRENTICE OPERATORS, NAME OF OPERATOR UNDER WHOM APPRENTICESHIP WILL BE DONE:			
IF APPLYING FOR TEMPORARY OR GUEST OPERATORS LICENSE, MUST ATTACH A COPY OF YOUR CURRENT LICENSE AND DETAIL: NAME, ADDRESS, PHONE # OF PERMANENT ESTABLISHMENT:			
NAME OF TEMPORARY EVENT/SHOP YOU WILL BE WORKING IN:			
IF APPLYING FOR STUDENT OPERATOR, NAME OF BODY ART SCHOOL YOU WILL BE ATTENDING:			
<u>LICENSE FEES: CHOOSE ONLY ONE</u>			
TATTOOING (TATTOO OPERATOR).....			250.00
PIERCING (PIERCING OPERATOR).....			250.00
TATTOOING AND PIERCING (GENERAL OPERATOR).....			300.00
TEMPORARY (TEMPORARY OPERATOR).....			65.00
GUEST (GUEST OPERATOR).....			65.00
APPRENTICE (APPRENTICE OPERATOR).....			225.00
STUDENT (STUDENT OPERATOR).....			25.00

APPLICATION PACKET MUST INCLUDE THE FOLLOWING:

- A COPY (FRONT AND REAR) OF APPLICANT'S CURRENT, VALID PROOF OF IDENTIFICATION
- A COPY OF THE APPLICANT'S HEPATITIS B VACCINATION RECORD
- A COPY OF THE APPLICANT'S CURRENT CPR AND FIRST AID CERTIFICATION
- PROOF OF COMPLETION OF AN APPROVED BLOODBORNE PATHOGENS COURSE
- COPIES OF THE LICENSE(S) FOR THE APPLICANT'S PERMANENT BODY ART FACILITY (FOR GUEST AND TEMPORARY OPERATORS)

SEND APPLICATION, ASSOCIATED DOCUMENTS
AND LICENSE FEE TO:

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

**LICENSE SHALL BE RENEWED EACH CALENDAR
YEAR.**

AMENDED MAY 2021

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:

SIGNATURE OF OPERATOR

DATE

EHP APPROVAL: _____