



BODY ART LICENSE APPLICATION

Body Artist Information	
Application for (Circle all that apply): Tattoo Operator Cosmetic Tattoo Operator Piercing Operator	
Name	
Mailing Address	
Physical Address	
Email Address	Telephone Number
Do you currently have a license? <input type="checkbox"/> NO <input type="checkbox"/> Yes – Provide License Number and Issuing agency contact information.	
Body Art Establishment Information	
Facility Name	
Facility Mailing Address	
Facility Physical Address	
Email Address	Telephone Number
License Information	
How many years have you worked as a body artist out of the previous five years?	
Have you been involved in any type of outbreak? If so briefly explain.	
Are you in good standing with your previous body art facility? If not, briefly explain.	

APPLICATION ATTACHMENTS – Applicants must submit the following attachments, as applicable.
Incomplete applications will not be accepted until all information is received.

- ☐ **Equipment list**
- ☐ **Color copy of photo ID front and back**
- ☐ **Copy of previous Operator License**
- ☐ **Copy of pre-procedural form, consent form, and aftercare**
- ☐ **Documentation for licensure**
(400 tattoo consent forms, 400 piercing consent forms or 250 tattoo and 250 piercing)
- ☐ **Copy of certifications for bloodborne pathogens, CPR, and first aid.**
- ☐ **Proof of vaccination for Hepatitis B**
- ☐ **Variance**

POLICY FOR COMPLETING APPLICATION

1. No license will be issued until a pre-opening inspection of the body art establishment is conducted and the body art establishment is determined to be in compliance with First District Health Unit Requirements for Rules & Regulation for Body Art. All fees must be paid prior to issuing a license.
2. **Application must be filled out completely.** Incomplete applications will be rejected and returned to sender which may delay the review and result in the denial of licensure.
3. Within 3-5 business days, the Department will contact the submitter to confirm receipt of a complete application and plans submittal and will determine the license fee payment based on the set fee schedule. Allow up to **30 calendar days** for review.
4. The Department will contact the submitter to set testing date and time.

For questions or assistance, contact the Environmental Health Division at 701-852-1376 or email firstdistrict@nd.gov.

STATEMENT OF UNDERSTANDING

I ATTEST THAT ALL INFORMATION PROVIDED ON THIS APPLICATION AND PLAN REVIEW IS ACCURATE. I AFFIRM THAT BY SUBMITTING THIS APPLICATION I AGREE TO OPERATE THE NAMED BODY ART ESTABLISHMENT IN COMPLIANCE WITH THE MOST CURRENT VERSION OF THE *FDHU RULES & REGULATIONS FOR BODY ART* AND THAT FDHU SHALL HAVE UNRESTRICTED ACCESS TO THE ENTIRE PREMISES OF THE NAMED ESTABLISHMENT, INCLUDING ANY PERTINENT RECORDS, DURING ANY AND ALL TIMES THAT FOOD IS PRESENT IN OR BEING HANDLED IN THE NAMED ESTABLISHMENT.

APPLICANT SIGNATURE

DATE

**SUBMIT COMPLETED APPLICATION AND PLAN
REVIEW TO:**

**FIRST DISTRICT HEALTH UNIT
801 11TH AVE SW
MINOT ND 58701**

Notify this office immediately if any changes are made to any of the above items.

First District Health Licenses are issued for the calendar year, are non-refundable, and are non-transferable.

FOR OFFICE USE ONLY			
EHP Assigned	License Type	Fee Amount	Permit No.
Application and Plan Review Approved By:			
_____ EHP Signature		_____ Date	
PAYMENT INFORMATION			
Fee Paid	Date Paid	Payment Method	Received By