



## BODY ART APPRENTICE LICENSE APPLICATION

Body Art Apprentice Information	
Name	
Mailing Address	
Physical Address	
Email Address	Telephone Number
Body Art Operator Information	
Licensed Body Art Facility Name	
Facility Physical Address	
Operator Name under which you will be working	Telephone Number
Names of Additional Apprentices Under Operator	
Body Art Apprentice License Type	
Application for (Circle all that apply):    Tattoo Operator    Cosmetic Tattoo Operator    Piercing Operator	
Total Square Footage of Procedure Area:	Days/Months of Operation: Hours of Operation:

### APPLICATION ATTACHMENTS

*Applicants must submit the following attachments if applicable.*

- ☐ **Color copy of photo ID front and back**
- ☐ **Proof of vaccination for Hepatitis B**
- ☐ **Copy of certifications for bloodborne pathogens, CPR, and first aid**
- ☐ **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 will determine the license fee payment based on the set fee schedule. Allow up to **30 calendar days** for review.
4. Signature required on back of this form.

## STATEMENT OF UNDERSTANDING

I ATTEST THAT ALL INFORMATION PROVIDED ON THIS APPLICATION 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 BEING HANDLED IN THE NAMED ESTABLISHMENT.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**SUBMIT COMPLETED APPLICATION TO:**      **FIRST DISTRICT HEALTH UNIT**  
   **801 11<sup>TH</sup> AVE SW**  
   **MINOT ND 58701**

*For questions or assistance, contact the Environmental Health Division at 701-852-1376 or email [firstdistrict@nd.gov](mailto:firstdistrict@nd.gov).*

*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.
<b>Application Approved By:</b>			
_____ EHP Signature		_____ Date	
PAYMENT INFORMATION			
Fee Paid	Date Paid	Payment Method	Received By