



BODY ART FACILITY/EVENT APPLICATION AND PLAN REVIEW

Owner Information	
Owner Name	Telephone Number
Email Address	
Physical Address	
Mailing address	
Facility/Event Information	
Name	Telephone Number
Body Art Facility or Event Contact Email Address	
Physical Address	
Type of Facility (Circle One) Temporary Permanent	Square Footage of Procedure Areas
Dates and Hours of Operations	Number of Operators
Procedure Types within Facility (circle all that apply) Tattooing Cosmetic Tattooing Piercing Ear Piercing	

PLAN REVIEW ATTACHMENTS – Applicants must submit the following attachments as applicable.

- ☐ **A floor plan drawing (8.5 X 11 to scale minimum) showing the following:**
 - Identify location of all entrances, exits, exposed outer openings, storage areas, work stations, restroom, chemical supply storage, garbage room, contaminated waste and exposed outer openings.
 - Label location and dimensions of all sinks including handwashing sinks, 2-compartment, and mop or utility sinks.
 - Biohazard room
- ☐ **Exposure control plan**
- ☐ **Copy of Operator Licenses**
- ☐ **Variance**

POLICY FOR COMPLETING PLAN REVIEW DOCUMENTS

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. Written notice confirming approval of plans or detailing revisions will be communicated within this timeframe.
4. **Changes to any plans may require an additional plan submittal and review as changes without prior approval may void this plan review submission.** Notify FDHU of any changes made to the plans and specifications.

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

FACILITY INFORMATION

FINISH SCHEDULE - Describe floor, wall, and ceiling coverings Label each area on the floor plan. Indicate areas not applicable as N/A.				
ROOM/AREA	FLOOR	JUNCTURE	WALLS	CEILING
Procedure Areas				
Storage Rooms				
Toilet Rooms and Dressing Rooms				
Biohazard Room				
Other Area:				

PHYSICAL FACILITIES

WATER SUPPLY	SEWER SYSTEM
<input type="checkbox"/> Municipal <input type="checkbox"/> Private – <i>bacteriological testing required</i>	<input type="checkbox"/> Municipal <input type="checkbox"/> Private
SOLID WASTE MANAGEMENT	
<input type="checkbox"/> Own dumpster or adequate waste receptacle <input type="checkbox"/> Shared dumpster	Frequency of pickup:
Method of contaminated waste disposal:	

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 11TH AVE SW
MINOT, ND 58701

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 Approved By: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 50%;"> <p>_____</p> <p>EHP Signature</p> </div> <div style="width: 45%;"> <p>_____</p> <p>Date</p> </div> </div>			
PAYMENT INFORMATION			
Fee Paid	Date Paid	Payment Method	Received by