



**BODY ART GUEST OR TEMPORARY OPERATOR
 LICENSE APPLICATION**

Body Art License Type	
Type of procedures (circle all that apply): Tattoo Operator Cosmetic Operator Piercing Operator	
Start to End Dates of Operation	
Operator Information	
Operator Name	
Mailing Address	
Email Address	Telephone Number
Do you currently have a license? <input type="checkbox"/> No <input type="checkbox"/> Yes - Provide license #, issuing agency with contact information.	
Have you been involved in any type of outbreak? If so, briefly explain.	
Are you in good standing with your current/previous Body Art Facility? If not, briefly explain.	
Contact Information – Facility/Event	
Facility/Event Name	Operator Name under which you will be working
Email Address for Licensed Body Artist or Event contact	Phone Number for Licensed Body Artist or Event contact
Physical Address	

APPLICATION ATTACHMENTS

Applicants must submit the following attachments as applicable.

- Color copy of photo ID front and back**
- Copy of current license**
- Proof of vaccination for Hepatitis B**
- Copy of certifications for bloodborne pathogens, CPR, and first aid.**
- Documentation for Licensure
 (400 tattoo consent forms, 400 piercing consent forms or 250 tattoo and 250 piercing)**
- Variance**

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

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.

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

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 Approved By:			
_____ EHP Signature		_____ Date	
PAYMENT INFORMATION			
Fee Paid	Date Paid	Payment Method	Received By