



Health Occupations Program
 Attn: Body Art
 PO Box 64882
 Saint Paul, MN 55164-0882
 651- 201-3724

For office use only

(rev.04252014)

Minnesota Body Art FULL Technician Address/Employer Change

MINNESOTA GOVERNMENT DATA PRACTICE ACT NOTICE. This notice is given pursuant to Minnesota Statutes, sections 13.04, subdivision 2, and 13.41, subdivision 2. The Commissioner of the Minnesota Department of Health (Commissioner) will use information you provide in this application to determine if you meet Minnesota Statutes, Chapter 146B requirements for licensure. You are not legally required to supply the requested information. However, **FAILURE TO PROVIDE INFORMATION OR THE SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION OR MAY BE GROUNDS FOR DENYING YOUR APPLICATION.** All data, except your name and address, submitted by you or on your behalf are considered private until you are licensed. "Private" data are data that are not public but are accessible to you. *When you become licensed, the application data (except SSN) becomes public.* Information submitted to the Commissioner in this licensing application may, in some circumstances, be disclosed to other persons or entities including the Minnesota Department of Health and its staff, staff of the Attorney General's office, and persons whom they contact including any person to whom the Commissioner must refer the application or parts thereof for verification purposes or determination of your qualifications, and to persons you designate. In addition, if the matter of your license becomes contested and thereby results either in a contested-case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING APPLICATION.

- Read Minnesota Statutes, Chapter 146B. Body Art <https://www.revisor.mn.gov/statutes/?id=146B>.
- Type or print legibly in blue ink.
- Complete all questions. If a question does not apply to your situation, mark "N/A."
- Complete Part I of this application and sign and date it.
- Enclose a copy of proof identity. (State ID, Driver's license, Military ID, etc.)

PART I: To Be Completed by Applicant

MN Body Art License Number _____

Applicant's Information:

1. Name _____
 (Last name) (First name) (Middle name)

2. a. Home Address _____
 (Street Address, PO Box is not acceptable as home address)

 (City) (State) (Zip Code)

b. Home Phone _____ Cell Phone _____
 (Area code) (Number) (Area code) (Number)

c. E-mail Address _____

3. a. Male _____ Female _____ b. Date of Birth _____

- c. You must enclose copy of one of the following documents as proof of identity:
- | | | |
|-------------------------------|-------------------------|---|
| _____ Driver license | _____ Birth certificate | _____ Military ID card issued by US DOD |
| _____ Tribal ID card | _____ Valid passport | _____ Resident alien card |
| _____ Other (describe): _____ | | |

4. Please designate with an 'X' the address at which you wish to receive correspondence from the Department regarding your license. This address will be public information (Choose ONE): HOME _____ EMPLOYER _____

5. Name of Establishment where you will be working _____

Establishment address _____
(Street address) (City) (State) (Zip Code) (County)

Establishment phone number _____
(Area code) (Number)

Employment start date (MM/DD/YY) _____

Establishment website _____

Establishment hours _____

APPLICANT AFFIRMATION:

The information I have provided in this application is true and accurate to the best of my knowledge and belief. I have read and will comply with the requirements of Minnesota Statutes, Chapter 146B. I understand that my temporary license must be approved and issued before I may provide body art services in Minnesota.

Applicant's Signature

Date