

Body Art Establishment

APPLICATION AND INSTRUCTION CHECKLIST

Body Art Establishment Instructions and Application If you want to open a body art establishment in the State of Minnesota, you will need to fill out the Body Art Establishment Application. You will want to make sure you are in a MDH regulated area. Delegated agencies include: [Anoka](#), [Hennepin](#) and [Steele counties](#) and the cities of [Minneapolis](#), [Maplewood](#), [Brooklyn Park](#), [Bloomington](#), [Richfield](#), and [Edina](#).

If you would like to apply for a body art establishment license, you must:

- Complete the establishment application and make a copy of the completed application for your records;
- Enclose check or money order made payable to "Treasurer: State of Minnesota" for the \$1,500 application fee.

The establishment application must include the following information:

- Name(s) of the owner(s) and operator(s) of the establishment;
- Filing with Secretary of State;
- Location of the establishment;
- Verification of compliance with all applicable local and state codes (zoning and building code compliance);
- Description of the general nature of the business;
- State and federal tax identification number;
- Names of all employees, including independent contractors and temporary technicians.

Submit the following documents to demonstrate compliance with the health and safety standards:

- Floor plan, including dimensions and equipment placement;
- Location of accessible hand sink;
- Floor, wall and ceiling finishes.

Length of Licensure: Establishment licenses are valid for up to two years. All establishment licenses expire on September 30th. The first renewal fee will be a prorated amount based upon the month your license was issued.

Processing Time: Up to 30 days AFTER application paperwork is considered complete.

Provisional Status: All initial establishment MDH licenses are issued as "PROVISIONAL". That status will remain in effect until your establishment has been inspected and approved by MDH staff. To help you prepare for your inspection, please refer to the [Body Art Establishment Inspection Checklist \(PDF\)](#). (NOTE: This form is subject to change.) During the inspection process, the inspector will note any deficiencies in your establishment and you will be given a specified period of time in which to correct the deficiency. Failure to correct a deficiency may result in the shutdown of your establishment.

HEALTH OCCUPATIONS PROGRAM

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Minnesota Body Art Establishment License Application

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 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 is data that is not public and is 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 type or print legibly in black or blue ink (pencil is not acceptable)

Please select one of the following options:

- I am applying for a provisional establishment license. The fee for a provisional license is \$1,500.00.
- I am applying for a full establishment license. The fee for a full establishment is \$1,500.00
- I am applying for re-location of a provisional license. The fee to reissue a provisional establishment license that relocates prior to inspection and removal of provisional status is \$350.00. The expiration date of the provisional license does not change.
- I am applying for a change in establishment name or establishment type. The fee for a change in establishment name/or type of establishment (i.e. piercer establishment to tattoo establishment, or tattoo establishment to piercer establishment) is \$50.00.

Do not use this application for renewal of your establishment license. If it is time for you to renew your Body Art license you will be sent a renewal application 60 days before your establishment license is scheduled to expire.

Owner or Operator Information:

- For **each** individual owner and/or operator of your establishment, provide the following information (Use page 5 and additional sheets as needed). Note: Home address will be disclosed to anyone requesting it pursuant to MN Statute 13.41, Subdivision 2.

Last Name	First Name	Middle
Other Name(s) Last Name	First Name	Middle
Home Address	City	State ZIP
Home/Cell Phone	Work Phone	
Email Address		
Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
Role in Business (check ALL applicable):	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator <input type="checkbox"/> Technician

Establishment Information:

Note: If you own/operate more than one establishment, each establishment must be individually licensed and you need to submit an application for each establishment.

Business/Establishment Name _____

Legal Corporate Name _____ Business/Establishment Tax ID _____

Street Address _____ City _____ State _____ ZIP _____

County _____

Business/Establishment E-mail _____

Business/Establishment Phone _____

Business/Establishment Website _____

Type of Facility: Commercial Residential

Nature of Business: Tattoo only Piercing only Tattoo and Piercing

Other (please describe) _____

Hours of Operation: Monday _____ Tuesday _____ Wednesday _____
 Thursday _____ Friday _____ Saturday _____ Sunday _____

2. List all employees working at this location. Include the following: full name, role in business, and technician license number, if any. (Use page 5 and additional sheets, as needed.)

Employee Full Name _____ Role in Business _____ Technician License Number _____

Employee Full Name _____ Role in Business _____ Technician License Number _____

Employee Full Name _____ Role in Business _____ Technician License Number _____

Practice Related Questions

3. **Compliance With Local and State Codes:** Pursuant to Minnesota Statutes, section 146B.2, subdivision 2(3), **you are required to provide verification of compliance with all applicable local and states codes, this includes building and zoning codes.** Please provide copies of any business licenses, proof of sales and tax certificate, and any other applicable documentation. If your establishment is located in a private residence, provide proof you have obtained proper zoning clearance issued by your jurisdiction. List your documentation below and enclose copies with your application. Finally, include the name of your workers' compensation carrier, policy number and dates of coverage. If you are not required to carry workers' compensation coverage, state why. (Use page 5 and additional sheets, as needed.)

BODY ART ESTABLISHMENT LICENSE APPLICATION

Provide a floor plan of the establishment. Include where equipment will be going, where hand sinks are, reception area is, bathrooms, private rooms, office and sterile rooms. Include floor, wall and ceiling finishes.

Provide documentation of LLC or Corporation filing with Secretary of State paper work.

If this is a rental unit, provide proof of lease agreement.

Name of Infectious Waste Hauler: _____

4. Have you ever engaged in any of the following acts or conduct? You must answer "Yes" or No" to each question:

A. Ordered to discontinue body art operations, suspended or revoked the right to operate a body art establishment for any of the following reasons:

1. Evidence of sewage backup in an area of the body art establishment where body art activities are conducted; Yes No
2. Lack of potable, plumbed, or hot or cold water to the extent that handwashing or toilet facilities are not operational; Yes No
3. Lack of electricity or gas service to the extent that handwashing, lighting, or toilet facilities are not operational; Yes No
4. Significant damage to the body art establishment due to tornado, fire, flood, or another disaster; Yes No
5. Evidence of an infestation of rodents or other vermin; Yes No
6. Evidence of any individual performing a body art procedure without a license as required under this chapter; Yes No
7. Evidence of existence of a public health nuisance; Yes No
8. Use of instruments or jewelry that are not sterile; Yes No
9. Failure to properly report complaints of potential bloodborne pathogen transmission to the commissioner, Yes No
10. Evidence of a positive spore test on the sterilizer if there is no other working sterilizer with a negative spore test in the establishment. Yes No

B. Been disciplined in the practice of body art as a technical or establishment for any of the following reasons:

1. Failed to perform services with reasonable judgment, skill or safety due to the use of alcohol or drugs, or other physical or mental impairment; Yes No
2. Aided or abetted another person in violating any provision of this chapter; Yes No
3. Demonstrated a willful or careless disregard for the health, welfare, or safety of a client; Yes No
4. Obtained money, property, or services from a client through the use of undue influence, harassment, duress, deception, or fraud; Yes No
5. Failed to refer a client to a health care professional for medical evaluation or care when appropriate; Yes No

C. Any violations that places the health and safety of a client at risk: Yes No

D. If you answered "Yes" to any of the questions, describe the conduct and action taken. (If you need more space use a separate, signed sheet or in the Additional Information section of this application)

BODY ART ESTABLISHMENT LICENSE APPLICATION

Request for Exemption of Establishment License Based on Location: Pursuant to Minnesota Statutes, section 146B.2, subdivision 9, an establishment **may** be exempt from the state licensure requirement if it is located within a county or municipal jurisdiction with an enacted ordinance which meets or exceeds Chapter 146B requirements. Complete and submit the [Establishment Exemption Application \(pdf\)](#) instead of this form.

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.

Owner or Operator's Signature

Date

Additional Information:

Please use the space below to complete answers only when there is insufficient space following the questions on the preceding pages. If you use additional pages, please sign and date each page.

Question Number

Answer

Signature (required only when using this page to complete answers)

Date