



## Minnesota Body Art Guest Artist License Application

**MINNESOTA GOVERNMENT DATA PRACTICE ACT NOTICE.** This notice is given pursuant to Minnesota Statutes, Sections §13.04, Subd. 2, and §13.41, Subd. 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 is data that is not public and is accessible to you. When you become licensed, the application data except social security number 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 for otherwise determining 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 the instructions below before completing this application.

### Instructions and Application for a Guest Artist license

If you are an out of state artist and wish to perform body art in the state of Minnesota, you will need to apply for a guest artist License. With this license, you will be able to practice body art in the State of Minnesota for no more than 30 days in a calendar year.

- Be 18 years of age or older;
- Enclose proof that you are at least 18 years old;
- Be sponsored by a currently licensed MN Body Art Technician;
- Work at a currently licensed MN Body Art Establishment that is in good standing or a licensed MN Temporary Body Art Event;
- Have completed a course within the preceding year, on blood borne pathogens, prevention of disease transmission, infection control and aseptic technique; you may obtain information about acceptable [training](#) on our website;
- Enclose a copy of the certificates of completion showing course title, presenter and date completed for blood borne pathogen training, prevention of disease transmission, infection control and aseptic technique training;
- Complete all questions. If a question does not apply to your situation, mark "N/A";
- Complete this application, sign and date it. You must send in the original application. Please keep a copy of your application for your records;
- Include a check or money order for \$140 payable to "Treasurer, State of Minnesota";
- Enclose a copy of any current license or credential you hold from another state;
- Return the completed application and your check or money order to the address at the top of this page. You are not considered licensed until you receive notice of approval letter from MDH

**Length of Licensure:** No more than 30 days in calendar year. There is no additional fee to apply for additional days up to 30 days within one calendar year from the first day of guest licensure, but you must submit another completed application (including all the above listed steps) and receive approval before performing body art again in Minnesota

#### HEALTH OCCUPATIONS PROGRAM

Body Art Licensing

P.O. Box 64882, St. Paul, Minnesota 55164-0882

Telephone: (651) 201-3770

Fax: (651) 201-3839

Email: [health.BA@state.mn.us](mailto:health.BA@state.mn.us)

MINNESOTA BODY ART GUEST ARTIST LICENSE APPLICATION

Please print in blue ink (pencil is not acceptable).

Have you held a guest or temporary license in the state of Minnesota? No: \_\_\_ Yes: \_\_\_

If yes, provide your Minnesota Temporary Technician or Guest Artist License number:

Application for Guest Artist License as (check One) \_\_\_ Tattooist; \_\_\_ Piercer; \_\_\_ Dual

Applicant Information:

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

2. Home Address: Include street number, street name, city, state, zip code – PO address is not acceptable

3 Local Address:

4. Please designate the address at which you will receive correspondence from the Department regarding your license and which will be public information. (Chose One) Home [ ] Local [ ]

5. Cell Phone: Home Phone:

6. Email Address:

7a. Date of Birth: 7b.Female: [ ] Male [ ]

8. Social Security Number (S.S. # is required by MN Statute 270.72, Subd.4):

9. Proof you are at least 18 years of age: enclosed a copy of one of the following documents and check the type of document you are enclosing:

- \_\_\_ Driver's License \_\_\_ Birth Certification \_\_\_ Military ID card issued by US DOD:
\_\_\_ Valid Passport \_\_\_ Resident Alien Card \_\_\_ Tribal ID
\_\_\_ Other (describe)

Training: Provide copies of certificates of completion showing course title, present and date completed for each of the following course:

- a. Blood borne pathogen: Date taken:
b. Prevent of disease transmission: Date taken:
c. Infection control: Date taken:
d. Aseptic technique: Date taken:

10. Starting and anticipated completion dates of work in MN(month/day/year)

11. I have enclosed a copy of your current Body Art credential issued by your home jurisdiction: \_\_\_Yes \_\_\_No Explain

## 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 Guest Artist license must be approved and issued before I provide body art services in Minnesota. I understand that knowingly making a false statement on this application will be cause for denial, suspension or revocation of license. I understand by signing this document, I give MDH authority to contact any listed supervisor, employer and client submitted for use in verification of credentials.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## PART II: To be completed by Sponsoring Technician

\_\_\_\_\_  
Name of Supervising Technician:

\_\_\_\_\_  
MN License Number:

\_\_\_\_\_  
Establishment Name:

\_\_\_\_\_  
MN License Number:

\_\_\_\_\_  
Employment Start date:

month/day/year

\_\_\_\_\_  
Establishment Phone Number:

\_\_\_\_\_  
Establishment Address:

## Sponsor Affirmation

I certify that I am licensed body art technician and that I will sponsor this applicant in a licensed establishment. I have read Minnesota Statute, Chapter 146B. I understand that a Guest Artist cannot work for more than 30 days in one calendar year period without applying for a technician license. I understand that I am responsible for the above applicant until MDH receives my written and signed statement that I wish to cease sponsorship or until the expiration of the Guest Artist license.

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date

**Processing time:** Up to 5 business days AFTER application paperwork is considered complete