

Body Art Temporary Establishment Permit

INSTRUCTIONS AND APPLICATION

If you would like to hold a temporary event in the State of Minnesota, you will need to apply for a Temporary Event Application. The application must be submitted 14 days prior to the event. You must include the dates and start and stop times of the event on the application. No event may last more than 21 days. This may not be extended. If the event is held in a delegated agency, you will need to contact that agency for event licensure. Those agencies are: Anoka, Hennepin, and Steele counties and the cities of Minneapolis, Maplewood, Richfield, Brooklyn Park, Edina, and Bloomington. The fee for a temporary event is \$200.

If you would like to apply for a temporary event, you must:

- Be 18 years of age or older;
- Include a layout of the booth you will be using at the event;
- Include the floor, walls, and ceiling finishes of the booth;
- Include copies of consent forms and aftercare instructions for the event;
- Event information;
- Provide hand sink information (if one is not within reach, you will need to rent a portable one);
- Include information on how you will be disposing medical wastes and sharps;
- Include who will be the licensed artists at the event;
- Complete the temporary event permit application and make a copy of the completed application for your records;
- Mail the original completed application and check or money order made payable to “Treasurer: State of Minnesota” for the \$200.00 application fee.
- **Please Note:** No individual who has been disciplined for a serious violation of this chapter within three years preceding the intended start date of a temporary event may be issued a license for a temporary event. Violations that preclude issuance of a temporary event permit include unlicensed practice; practice in an unlicensed location; any of the conditions listed in section [146B.05](#), clauses (1) to (8), (12), or (13); [146B.08](#), subdivision 3, clauses (4), (5), and (10)422.18 to (12); or any other violation that places the health or safety of a client at risk.

Length of Licensure: No event may last more than 21 days.

Processing Time: The application must be submitted at least 14 days prior to the event.

Health Occupations Program

Body Art Licensing

PO Box 64882 St. Paul MN 55164-0882

Telephone: (651)201-3770

Fax: (651)201-3839

Email: Health.ba@state.mn.us



Minnesota Body Art Temporary Establishment Permit 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 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 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.

INSTRUCTIONS: This application **MUST** be received at least 14 days before the start of the event. No Temporary Establishment Permit will be issued for a period for more than 21 days. A Temporary Establishment Permit may NOT be extended. Return this completed application and a check in the amount of \$200.00 payable to "Treasurer State of Minnesota" to the address in the box in the upper part of this page. Your Permit will **NOT** be valid until you receive notice of approval from MDH.

Please type or print legibly in black or blue ink (pencil is not acceptable)

Owners and Operators:

- For **each** individual owner and/or operator of your establishment, provide the following information. (Use page 4 and additional pages as needed.)

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					
Date of Birth (MM/DD/YYYY)					
Business Name					
Role in Business (check ALL applicable):					
		<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input type="checkbox"/> Technician	

Temporary Event Information:

2. Name of Event: _____
3. Street Address: _____
4. City and County: _____
5. Name of Location (Park/Hotel): _____
6. Dates of Event: From _____ To _____
7. Hours of Event: From _____ To _____
8. Name your business will use at event: _____
9. Equipment being used (include everything gloves, guns, chairs, covers, etc): _____
10. How will hands be washed: _____
11. What kind of sanitizing/antiseptic chemicals will be used: _____
12. How will hazardous waste be stored and disposed of: _____
13. How will garbage be stored and disposed of: _____
14. Provide a copy of aftercare and consent forms to be used as well as a layout/sketch of booth and equipment placement.
15. Provide the following information for each employee working at this event. Use additional pages as needed.

Employees Full Name	Role in Business	Technician License Number

Employees Full Name	Role in Business	Technician License Number

Employees Full Name	Role in Business	Technician License Number

Applicant Affirmation:

By signing below, I certify that:

- I have read and will comply with the requirements of [Minnesota Statutes, sections 146B](#).
- I have not in the three years preceding the intended start date of the temporary event been a subject of a disciplinary action as a body art technician or establishment for violations of section 146B.05, clauses (1), (8), (12), or (13); 146B.08, subdivision 3, clauses (4), (5), and (10) to (12); or any other violation that places the health or safety of a client at risk.

Owner or Operator's Signature

Date

