



Bismarck-Burleigh Public Health

500 E Front Avenue, Bismarck, ND 58504
701-355-3400 • Fax: 701-221-6883 • Email: bbph@bismarcknd.gov

FOR OFFICE USE ONLY:
Date Recvd: _____
Assigned EHS: _____

BODY ART LICENSE APPLICATION

Business Name: _____ Business Phone #: _____

Business Address: _____ City: Bismarck State: ND Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Owner's Name: _____ Owner's Phone #: _____

Owner's Email: _____

Applicant's Name & Title: _____ Applicant's Phone #: _____

Applicant's Email: _____

Projected Opening Date: _____

Select the types of body art your facility will offer:

- body piercing
 tattooing
 microblading
 branding
 scarification
 cosmetic tattooing (aka permanent makeup)
 other: _____

List the names and contact numbers of all individuals who will perform body art at this establishment

Body Artist Name (Print)	Contact Number

Submit application with the following to Bismarck-Burleigh Public Health (contact info on letterhead):

- \$150.00 fee – Checks payable to Bismarck-Burleigh Public Health
- Floor plan – drawn to scale, showing the layout of the procedure room(s), identifying equipment, handsink(s), type of flooring, wall color and restroom location.
- Documentation that all body artist(s) are at least 18 years of age (copy of driver's license is sufficient)
- Documentation that all body artist(s) are vaccinated against Hepatitis B
- CPR certifications of persons who will be present during hours of operation
- Copy of aftercare instructions
- The make and model of your ultrasonic and autoclave – if your facility will be using this type of equipment

Upon review of your application, the applicant will be contacted to schedule a pre-operational inspection. A body art license will be issued only upon successfully passing a pre-operational inspection.

With my signature, I agree operate the above named body art establishment in accordance with Title 8 Health & Sanitation of Bismarck's Code of Ordinances and understand that failing to do so can result in loss of license to operate the above named establishment.

License Holder's Name (Print) _____

License Holder's Signature: _____ Date: _____