



LAKE REGION DISTRICT HEALTH UNIT

524 4th Ave. NE Unit 9
 Devils Lake, ND 58301 (701)-662-7035

BODY ART LICENSE APPLICATION

NAME OF OPERATOR		DATE OF BIRTH	
MAILING ADDRESS			CITY
STATE	ZIP CODE	FACILITY NAME	
OPERATOR PHONE NUMBER		FACILITY PHONE NUMBER	
IF THIS IS A CHANGE IN OWNERSHIP, PROVIDE NAME OF FORMER ESTABLISHMENT OWNER			
SOURCE OF WATER SUPPLY ___Municipal ___Well		Type of Sewage Disposal System: ___ Municipal ___ Onsite Sewer	
BODY ART PROCEDURES PERFORMED: TATTOOING PIERCING PERMANENT MAKEUP			

LICENSE FEE: \$150.00 (fixed facility); \$200.00 (mobile/temporary)

This application is for use in Ramsey, Benson, Eddy, Pierce, Rolette, Towner, and Cavalier Counties

The undersigned is familiar with and will comply with the applicable rules and regulations in place for the county being represented.

Before opening, you must provide the Health Unit with the following documents:

- ✗ Pre-procedural educational information,
- ✗ Aftercare instructions,
- ✗ Client consent form,
- ✗ Client release form,
- ✗ Copy of your up to date Hepatitis B shots,
- ✗ Proof of current CPR training,
- ✗ Layout of the proposed facility,
- ✗ A written plan of operation, including procedures, and
- ✗ Plans for an autoclave or disposable equipment

Send Application and License Fee to:

Lake Region District Health Unit
 524 4th Avenue NE - Unit 9
 Devils Lake, ND 58301

I CERTIFY THAT I AM FAMILIAR WITH ALL REQUIREMENTS IN THE ABOVE MENTIONED RULES AND REGULATIONS FOR OWNERS AND OPERATORS OF BODY ART ESTABLISHMENTS AND THAT THE ABOVE LISTED FACILITY SHALL BE OPERATED IN FULL ACCORDANCE WITH ALL RULES AND REGULATIONS CONTAINED THEREIN.

LICENSE SHALL BE RENEWED EACH CALENDAR YEAR.

 Signature of Owner/Manager

 Date Signed