



Minneapolis Health Department  
 250 South 4th Street, Room 300  
 Minneapolis, MN 55415  
 Phone: 612-673-2170, Fax: 612-673-5819

FOR OFFICE USE ONLY	
CHECK #:	AMOUNT:
DATE:	DIST SAN:
REVIEWED BY:	

### BODY ART ESTABLISHMENT PLAN REVIEW APPLICATION

For reasonable accommodations or alternative formats please contact the Minneapolis Health Department at 612-673-3000. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-673-2157 or 612-673-2626. Para asistencia 612-673-2700 - Rau kev pab 612-673-2800 - Hadii aad Caawimaad u baahantahay 612-673-3500

LOG  APPROVE

The plan review fee must be paid when plans are submitted. See [Fee Schedule](#), use **Food Establishment Plan Review Fees, Remodel Risk 3 Establishment** on page 9. Make check or money order payable to: MINNEAPOLIS FINANCE DEPARTMENT.

BUSINESS & OWNER INFORMATION			
NAME OF PROPOSED BUSINESS (PLEASE PRINT)		TELEPHONE	
STREET ADDRESS OF PROPOSED BUSINESS		CITY	STATE ZIPCODE
NAME OF OWNER	E-MAIL ADDRESS		TELEPHONE
MAILING ADDRESS OF OWNER		CITY	STATE ZIPCODE
APPLICANT INFORMATION			
NAME OF APPLICANT		TELEPHONE	
MAILING ADDRESS OF APPLICANT		CITY	STATE ZIPCODE
APPLICANT TITLE (OWNER, MANAGER, ARCHITECT, CONSULTANT, ETC.)		E-MAIL ADDRESS	
CONSTRUCTION CATEGORY (check one)			
<input type="checkbox"/> NEW CONSTRUCTION		<input type="checkbox"/> CHANGE OF LOCATION	
<input type="checkbox"/> REMODEL (New Owner, Same Business)		<input type="checkbox"/> REMODEL (New Owner, Different Business)	
<input type="checkbox"/> REMODEL (Same Owner, Same Business)		<input type="checkbox"/> REMODEL (Same Owner, Different Business)	
LICENSE CATEGORY			
<input type="checkbox"/> BODY ART ESTABLISHMENT			
TYPE OF SERVICE			
<input type="checkbox"/> TATTOO ONLY		<input type="checkbox"/> PIERCING ONLY	
<input type="checkbox"/> TATTOOING AND PIERCING			
PROPOSED HOURS OF OPERATION			
SUNDAY _____		THURSDAY _____	
MONDAY _____		FRIDAY _____	
TUESDAY _____		SATURDAY _____	
WEDNESDAY _____			
RISK			
<input type="checkbox"/> RISK LEVEL 1			
PROJECT INFORMATION			
DESCRIPTION OF PROJECT			
PROJECTED START DATE _____		PROJECTED COMPLETION DATE: _____	
OTHER INFORMATION			
TOTAL SQUARE FOOTAGE OF FACILITY: _____		NUMBER OF FLOORS OPERATIONS ARE CONDUCTED: _____	
SIGNATURE OF APPLICANT			DATE