



**City of Minneapolis**  
**Licenses and Consumer Services**  
 350 South 5<sup>th</sup> Street – Room 1  
 Minneapolis, MN 55415–1391  
 Phone: 612-673-2080  
 Fax: 612-673-3399 TTY: 612-673-2157  
[www.minneapolismn.gov/business-licensing](http://www.minneapolismn.gov/business-licensing)

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**For Office Use Only**

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Expiration: N/A  
 License Code: L299  
 Rev Code: 311008  
[MCO: 339](#)  
 Adm Issuance: Yes

## License Application Guidelines and Checklist

### License Type: Body Art Temporary Event

**Temporary Events:** Licensed body art establishments or Professional Associations may sponsor up to two Temporary Events per calendar year in buildings other than their licensed premises for up to seven days in duration. Artists are required to obtain a [State of Minnesota Guest Artist License](#) unless they have a Minnesota Body Art Technician license.

**Guest Artist Events:** Licensed body art establishments may sponsor up to four Guest Artist Events per calendar year on their premises for up to 21 days in duration. Artists are required to obtain a [State of Minnesota Guest Artist License](#) unless they have a Minnesota Body Art Technician license.

If an application is submitted without time to review and secure required approvals, the application may not be accepted. After review of the license application, the City of Minneapolis will submit the License Exemption documentation to the State of Minnesota.

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**Body Art:** Physical body adornment including but not limited to tattooing and body piercing. Body art does not include procedures performed by licensed medical or dental professionals if the procedures are within the scope of their practice.

**Guest Artist:** Individuals who perform body art procedures temporarily at body art establishments (Guest Artist Events) or body art conventions (Convention Events) for up to 30 days per calendar year. This license may be used at multiple licensed events.

### Application Checklist

Submit Completed Applications to

[Minneapolis Environmental Health Department](#)

250 South 4<sup>th</sup> Street , Room 400

Minneapolis, MN 55415

Staff  
Initials

- |  |  |
|--|--|
|  | <input type="checkbox"/> <b>1. License Application</b> (Form #1) to be completed by the Temporary Event Sponsor.   |
|  | <input type="checkbox"/> <b>2. Event Checklist</b> (Form #2)   |
|  | <input type="checkbox"/> <b>3. Attach the following:</b><br><input type="checkbox"/> <b>8 1/2 x 11 diagram of set up area for the event. Indicate booths and hand sinks. A hand sink, or other approved hand washing facility, is required at each work station.</b><br><input type="checkbox"/> <b>After Care Information Sheet</b><br><input type="checkbox"/> <b>Release Form</b> |
|  | <input type="checkbox"/> <b>4. \$ _____ Fee</b><br>\$ _____ <b>50% Late Fee</b> if application is submitted less than 14 days prior to the event.<br>Checks should be made out to Minneapolis Environmental Health Department.   |

### Additional Information

**Your License Application**

- a. Incomplete applications will be returned.
- b. All applications must be signed by an owner, partner principal or authorized manager.
- c. Licenses are not transferable.
- d. Make a duplicate copy of this packet for your personal records before submitting.

**Information in Other Languages**

Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



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## License Application

### 1. BACKGROUND INFORMATION

<b>Corporate/Trade Name</b>	<b>Business Name (DBA)</b>	
<b>Contact Person</b>	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Manager	
<b>Business Address</b>	<b>Telephone Number</b>	
	email Address	
<b>Name of Event</b>	<b>Dates of Event</b>	<b>Time</b>

**Type of Event**  Guest Event  Temporary Event (location and address):

Has the establishment or organization had any Body Art Temporary Event licenses in Minnesota in the past 12 months?  
 Yes  No If yes, completes the following. Attach additional sheets if necessary.

Name of Event	Location/Address	Dates

Provide the following information for each Artist providing services at the event. Attach additional sheets if necessary. All artists must have a [State of Minnesota Body Art Technician License](#) or a [State of Minnesota Guest Artist License](#).

Name	Address	Telephone Number	Date of Birth	MN Technician License #

### 2. VERIFICATION

I certify that the above information is true and agree to comply with all applicable laws related to the Body Art Code in Minneapolis.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_



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Body Art Temporary Event Requirements Checklist

- 1. How is sterilization handled before and after the event? Or [ ] All equipment is pre-sterilized and disposable.
2. Are there sharps containers on site? [ ]Yes [ ]No
3. How is the waste handled?
4. Are the following available on site? Safety Razors [ ]Yes [ ]No Gloves [ ]Yes [ ]No Ink Caps [ ]Yes [ ]No
5. What are the chairs, tables, arm rests, etc. being sanitized with?
6. What is being used for skin prep?
7. What is being used for covering the tattoo when completed?

Documentation Required

Aftercare Information Sheets

These must provide the aftercare instructions and include the statement "Consult a health care professional at the first sign of infection".

Release Forms

The following must be included on Release forms:

- 1. Client information including name, current address, age, ID verification
2. Design and location of tattoo
3. Name of Technician and MN technician license number
4. Date of procedure
5. A Disclosure and Authorization form that indicates whether the client has:
a. Diabetes
b. History of hemophilia
c. History of epilepsy, seizures, fainting, or narcolepsy
d. Any condition that requires the client to take medications such as anticoagulants that thin the blood or interfere with blood clotting, or
e. Any other information that would aid the technician in the body art procedure
6. The following statements:
a. A tattoo is considered permanent and may be removed only with a surgical procedure. Removal of a tattoo or body piercing may leave scarring.
b. The technician shall not perform a body art procedure if the client fails to complete or sign the disclosure and authorization form and the technician may decline to perform a body art procedure if the client has any identified health conditions.