

License Application Guidelines and Checklist

License Type: Body Art Establishments (Tattooing and Body Piercing)

DEFINITION: Establishment: Any structure or venue, whether permanent or temporary, where body art is performed. Individuals with a Body Art Establishment license who perform services must also obtain a [Minnesota Body Art Technician License](#). **Temporary Event:** A [Minneapolis Body Art Temporary Events License](#) is required for establishments or professional organizations that sponsor or participate in Temporary Events. Upon approval of the license, the City of Minneapolis will submit the State of Minnesota License Exemption documentation. **Guest Artist Events** are sponsored by a licensed body art establishment on their premises for up to 21 days. Guest Artists Events are limited to four times per calendar year. Artists are required to obtain a [State of Minnesota Guest Artist License](#) unless they have a Minnesota Body Art Technician license. **Convention Events** are held in buildings other than licensed premises for up to seven days. Establishments or Professional Associations may sponsor up to two Convention Events per calendar year. Artists are required to obtain a [State of Minnesota Guest Artist License](#) unless they have a Minnesota Body Art Technician license.

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. **Body Art Technicians: (Body Piercer or Tattooist):** Artists are required to obtain a [Minnesota Body Art Technician License](#) which is valid at any licensed establishment or temporary events. **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. Artists are required to obtain a [State of Minnesota Guest Artist License](#) unless they have a Minnesota Body Art Technician license. This license may be used at multiple licensed events. **Temporary Artists:** Individuals who perform body art procedures under the direct supervision of a single licensed technician. A [Minnesota Temporary Body Art Technician License](#) is required.

Staff Initials	Application Checklist
	Submit items below to: Minneapolis Development Review , 250 South 4 th Street Room 300 Public Service Center, Minneapolis, MN 55415 - Free Parking
<input type="checkbox"/>	1. License Application (Form #1)
<input type="checkbox"/>	2. Body Art Technicians: Attach a list of tattooists and body piercers who perform services at your establishment.
<input type="checkbox"/>	3. SAC Determination Letter – attach copy.
<input type="checkbox"/>	4. _____ Fee plus new license surcharge

Additional Information

- 1. Your License Application**
 - a. Incomplete applications will be returned.
 - b. All applications must be signed by the owner.
 - c. No license will be issued for a period longer than one year.
 - d. Licenses are not transferable.
 - e. Make a duplicate copy of this packet for your personal records before submitting.
 - f. [Minnesota Sales Tax ID Number](#) or 651-296-6181.
 - g. If you are applying for multiple licenses, applications may be combined. Talk to Licenses Staff at 300 Public Service Center.
- 2. Hours of Operation – 1 City Hall:** Mondays – Thursdays: 8:00 am – 4:00 pm. Fridays: 10:00 am – 4:00 pm.
- 3. Information in Other Languages:** Para asistencia 612-673-2700 - Rau kev pab 612-673-2800 - Hadii aad Caawimaad u baahantahay 612-673-3500.

Business License Application

I. APPLICANT INFORMATION			
Legal Company Name		Business Name/DBA	
Business Address		City	State Zip Code
E-mail Address		Cell Phone Number	Business Telephone Number
Name (Last, First, MI)		<input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____	
Mailing Address (if Different than Business Address)		City	State Zip Code
<u>Minnesota Sales Tax ID Number</u> , Social Security Number, or Individual Tax ID Number			
Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit		Date of Incorporation	State of Incorporation
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Proposed Opening Date	
II. BUSINESS INFORMATION			
1. License(s) Requested			
2. As an Applicant/Licensee, I am			
<input type="checkbox"/> Starting a new business in a new building. (New Business) <input type="checkbox"/> Starting a new business in an existing building. (New Business)		<input type="checkbox"/> Adding a new license to an existing business (New License) <input type="checkbox"/> Taking over an existing business (New Owner)	
Name of Previous Tenant _____		Name of existing business _____	
<input type="checkbox"/> Equipment Changes. Provide equipment info and photos.		<input type="checkbox"/> Remodeling Only	
3. Entertainment: Check all categories of entertainment you are planning to provide on your premises.			
<input type="checkbox"/> No entertainment. <input type="checkbox"/> Limited Entertainment: Limited to literary readings, storytelling, live solo comedians, electronically reproduced music (TV/radio), karaoke, jukebox, amplified or non-amplified music by five or fewer musicians, and group singing participated in by patrons of the establishment. No patron dancing. Describe below. <input type="checkbox"/> General Entertainment: Other forms of entertainment which do not meet the definition above. Examples include two or more comedians, bands with amplified musical instruments, patrons dancing, plays, shows, contests, etc. Describe below. <input type="checkbox"/> Adult Entertainment: Persons who are unclothed or in in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.			
4. Company Operations			
Gross Square Footage for Business Use		Hours of Operation	
5. Describe in detail the principal products and/or services rendered.			

6. List any licenses you currently have or previously held in Minneapolis (Business or Individual).

7. Have you ever had a business license denied or revoked by Minneapolis or another government entity? YES NO
 If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

8. Are you planning or have you completed any construction or remodeling? YES NO Name of Contractor or Building Manager

Explain the scope of the remodeling or construction.

III. OWNERS, PARTNERS, OFFICERS

List all of the owners, officers, stockholders and/or partners. Ownership must add up to 100%. Attach additional sheets if necessary.

Full Name: Last, First, Middle	Telephone	Title		Ownership %
Home Address	City	State	Zip	Date of Birth
Full Name: Last, First, Middle	Telephone	Title		Ownership %
Home Address	City	State	Zip	Date of Birth
Full Name: Last, First, Middle	Telephone	Title		Ownership %
Home Address	City	State	Zip	Date of Birth

Have any of the people listed above been convicted of a crime? YES NO
 If Yes, please provide or attach specific information about dates and conviction.

IV. VEHICLES

Will there be vehicles used in the business? YES NO

Year/Make/Model	Vehicle Company ID #	VIN Number	License Plate # / State

V. WORKERS COMPENSATION

Workers' Compensation Company	Policy Number	Dates of Coverage
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-----Or-----

I certify that I am not required to carry workers compensation insurance because I am self-insured. I am the sole proprietor and I have no employees. I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

VIII. VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

SIGNATURE OF APPLICANT _____ DATE _____