

## License Application: Body Art Business Tattooing and Body Piercing

**Definition:** A business that provides body art for customers. If you own or manage the business, and provide services, you must also apply for 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.

**Body Art Technicians (Body Piercer or Tattooist):** Artists are required to obtain a [Minnesota Body Art Technician License](#). This Minnesota license is valid at any licensed body art business or temporary event in Minnesota.

**Convention Events:** These are held in buildings other than a licensed business for up to twenty-one days. Body Art businesses 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.

**Guest Artist Events:** Artists may perform services for 21 days at a licensed body art business. 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.

**Guest Artist:** Individuals who perform body art procedures temporarily at licensed body art businesses (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 in Minnesota.

**Temporary Artists:** Individuals who perform body art procedures under the direct supervision of a licensed technician. A [Minnesota Temporary Body Art Technician License](#) is required.

**Temporary Event:** A [Minneapolis Body Art Temporary Events License](#) is required for businesses or professional organizations that sponsor Temporary Events.

If you have questions, send an email to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov) or call 612-673-2080.

### 1. Application Requirements

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| 1. Complete the application and include all the requirements listed below. Incomplete applications may be returned.  |
| 2. There is a <a href="#">fee</a> , plus a new license processing charge, for this application. You can pay by<br><input type="checkbox"/> <b>Cash:</b> Drop off your application at our office.<br><input type="checkbox"/> <b>Check:</b> Mail or drop off your application at our office.<br><input type="checkbox"/> <b>Credit Card:</b> Mail, drop off or email your application to <a href="mailto:businesslicenses@minneapolismn.gov">businesslicenses@minneapolismn.gov</a> . <b>Do not add your credit card information on this application.</b> We will call you to securely charge your credit card. |
| 3. <input type="checkbox"/> <a href="#">Body Art Technicians – Form #1</a>   |
| 4. <input type="checkbox"/> <b>Floor Plan:</b> Attach an 8.5" by 11", detailed and scaled floor plan with room measurements of your facility. <ul style="list-style-type: none"> <li>• Include all customer and staff areas, common areas, workstations, restrooms, mop sinks, etc.; the location of all equipment; and finishes for walls, ceilings, floors and base coves.</li> <li>• If you are using any reusable equipment, you will need a separate sterilization room. The sterilization room must have a hand sink, a separate sink for cleaning equipment, and an autoclave.</li> </ul>               |

5. **Health Plan:** Are you opening or converting a space into a new body art/tattoo business?  Yes  No  
 If yes, you must email a [Massage/Body Art Plan Review Form](#) to [EnvironmentalHealthPermit@minneapolis.gov](mailto:EnvironmentalHealthPermit@minneapolis.gov). There is a [fee](#) for this review. ***This is a separate review and we cannot approve your license until it is completed.***

If you have questions, call 612-673-3000 or email [EnvironmentalHealthPermit@minneapolis.gov](mailto:EnvironmentalHealthPermit@minneapolis.gov).

No, I am taking over an existing body art/tattoo business.

6. **Sewer Availability Charge (SAC):** The Metropolitan Council charges a fee for new or upgraded sewer connections. You can [find out online](#) if a SAC is due for your address. You can also [fill out your form online](#). If you have questions, call 612-673-3000 or email [development@minneapolis.gov](mailto:development@minneapolis.gov).

Attach a copy of your SAC Determination Letter.

## 2. Additional Information

1. No license will be issued for longer than one year.
2. You cannot transfer the license to another person or location.
3. A Client Release Form and Aftercare Instructions are required before you can open.
4. You must have a sharps disposable company before you can open.
5. You must keep the following information on file at your business for three years.
  - a. A complete list of services offered i.e. tattooing, body piercing, cosmetic tattooing, microblading, etc.
  - b. If spore tests are required, copies of the spore tests conducted on each sterilizer.
  - c. Information for each technician or guest artist employed or performing body art procedures in your business:
    - Name
    - Home phone number
    - Copy of a government issued photo id
    - Proof of MN Body Art Technician License or Guest Artist license

For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at [businesslicenses@minneapolis.gov](mailto:businesslicenses@minneapolis.gov). People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-263-6850. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.

### 3. Applicant information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> On Site Manager		
Business Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
<b>Minnesota Sales Tax ID Number (Required)</b>	<b>Social Security Number or Individual Tax ID (ITIN) (Required)</b>		
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:		

### 4. Business information

License(s) Requested:	
<input type="checkbox"/> Starting a new business in a new building. (New Business)	<input type="checkbox"/> Adding a new license to an existing business. (New License)
<input type="checkbox"/> Starting a new business in an existing building. (New Business) Name of Previous Tenant: _____	<input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing business: _____
<input type="checkbox"/> Changing Equipment.	<input type="checkbox"/> Remodeling Only.

### 5. Owners

<b>List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.</b>			
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

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

**6. Company operations**

Days and Hours of Operation:	Gross Square Footage for Business Use:
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Give us a description of the services and products at your business.

You may not have any live entertainment. You may have radio, television, or electronically reproduced music. Music/noise cannot be amplified. Describe your entertainment:

List any licenses you currently have or previously held in Minneapolis (business or individual).

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

Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Contractor or Building Manager
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Explain the scope of the remodeling or construction.

**7. Workers compensation**

Workers' Compensation Company	Policy Number	Dates of Coverage
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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.

## 8. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) \_\_\_\_\_, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information 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.

By typing your name, you are electronically signing this application.

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

