

City of Minneapolis Licenses and Consumer Services

505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080
www.minneapolismn.gov/businesslicenses

For Office Use Only

Expiration: N/A
AP:General/TempTat
MCO: 339
Adm Issuance: Yes

License Application: Body Art Temporary Event

Body art: Physical body adornment including, but not limited to, tattooing and body piercing. Body art does not include procedures by medical or dental professionals.

Guest artist: Individuals who perform body art procedures temporarily for up to 30 days per year at:

- Body art businesses
- Temporary body art events

This license may be used at multiple licensed events in Minnesota.

Artists are required to have a <u>State of Minnesota Guest Artist License</u>. Artists do not need a Minnesota Guest Artist license if they have a Minnesota Body Art Technician license.

Number and duration of events:

A body art business or organization serving as a sponsor of a temporary event can have a maximum of:

- 10 body art events per year
- 21 days of events, regardless of the number of events held

An individual who does not hold a current Minneapolis Body Art Establishment license serving as a sponsor of a temporary event can have a maximum of:

4 body art events per year

hearing can use a relay service to call 311 or 612-673-3000.

10 days of events, regardless of the number of events held

An application may not be accepted if it is submitted without time to review and secure required approvals. If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

1. Application Requirements				
1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. This application should be completed by the Temporary Event Sponsor.				
2. There is a <u>fee</u> for this application. There is a 50% late fee for applications received less than 14 days prior to the event. You can pay by				
Cash: Drop off your application at our office.				
Check: Mail or drop off your application at our office.				
Credit Card: Mail, drop off or email your application to businesslicenses@minneapolismn.gov . Do not				
add your credit card information on this application. We will call you to securely charge your credit card.				
Note: There is a 50% Late Fee if your application is submitted less than 14 days before the event.				
3. Event Checklist (Form #1)				
4. Body Art Technicians (Form #2)				
5. Attach the following:				
8 ½ x 11 diagram of your set up area for the event. Indicate booths and hand sinks. A hand sink, or				
other approved hand washing facility, is required near each workstation.				
Client After Care Information Sheet				
Client Release Form				
2. Additional Information				
Request accessible format: If you need help with this information, please email 311, or call 311 or 612-673-3000. Please tell				

For reasonable accommodations or alternative formats, please send us an email at <u>businesslicenses@minneapolismn.gov</u> or call us at 612-673-2080. Individuals who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.

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us what format you need. It will help us if you say what assistive technology you use. People who are deaf or hard of

3. Background Information						
Corporate/Trade Name		Business Name (DBA)				
Contact Person		Title				
Business Address		City	State	Zip Code		
Corporate/Trade Name Contact Person Business Address Mailing Address (if different than business address MN Sales Tax ID, Social Security, or ITIN (required) Name of Event Type of Event Guest Event Temporary Event Licenses your but past 12 months. Attach additional sheets if necessary Name of Event Locat The City of Minneapolis uses the information on this at you are not legally required to provide this information MN Statute 270C.72 requires your Minnesota Tax ID N Number. These may be given to the Minnesota Comm		City	State	Zip Code		
MN Sales Tax ID, Social Security,	or ITIN (required)	Email Address (required)	Cell Phone Number		
Name of Event		Dates of Event: Times:				
1 ·· =		dress:				
	-	_	s had in	Minnesota in the		
Name of Event	Locat	ion/Address		Dates		
	4. Ver	ification				
You are not legally required to put MN Statute 270C.72 requires you Number. These may be given to your license, all information excell I have read and agree to the I, (print name) of perjury under the laws of the	rovide this information of the Minnesota Tax ID Nother Minnesota Comment your Social Security A signature forms and Conditions State of Minnesota the Minne	in. If you refuse, we cannot lumber, Social Security Nu dissioner of Revenue if req ty Number is public (MN S e is required. for electronic signatures, , cer nat the information on this	ot approumber, of uested. Statutes, records tify or design to the content of the	ove your application. or Individual Tax ID After we approve , Chapter 13). and payment. eclare under penalty ation, checklist, and		
attached documents is true and of understand that false information By typing your name, you are ele	n may result in the do	enial, suspension or revoc	-			
Signature of Applicant		-		Date		

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Body Art Temporary Event Checklist

1.	How is sterilization handled before and after the event? All equipment is pre-sterilized and disposable. An autoclave will be used onsite.
2.	Are the following available on site? Sharps container Yes No Trash Receptacle Yes No Safety Razors Yes No Gloves Yes No Ink Caps Yes No
3.	What are the chairs, tables, arm rests, etc. being sanitized with?
4.	What is being used for skin prep? Include both the germicidal soap and the skin antiseptic.
5.	What is being used for covering the tattoo when completed?
6.	What type of flooring is provided? Carpet is not allowed and must be covered.
7.	 Documentation Required A. Client Aftercare Information Sheets These must provide the aftercare instructions and include the statement "Consult a health care professional at the first sign of infection". B. Client Release Forms The following must be included on Client Release Forms: a. Procedure and client information: • Client information including name, current address, age, ID verification
	 Date of procedure Design and location of tattoo Name of Tattooist or Piercer and MN technician license number
	 b. A checklist or place for the client to indicate if they have: Diabetes A history of skin diseases, skin lesions, or skin sensitivities to soap or disinfectants History of hemophilia History of epilepsy, seizures, fainting, or narcolepsy Any condition that requires the client to take medications such as anticoagulants that thin the blood or interfere with blood clotting, or Any other information that would aid the technician in the body art procedure.

- c. The following statements:
 - A tattoo should be considered permanent. It may be removed only with a surgical procedure. Removal of a tattoo or body piercing may leave scarring.
 - 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.
 - If conducting body piercing, you must include this statement: "Body piercing may leave scarring."

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Body Art Technicians Summary

Pr	ovide the following information for each tattooist and body piercer who performs services at your business or temporary event.
	Attach a copy of their Driver's License or government issued ID.
	Every artist must have a State of Minnesota Body Art Technician License or a State of Minnesota Guest Artist License.
	Information about technicians must be retained for three years.

Name of Business:		New Licen	New License Application		Temporary Event License Dates:		
Name	Telephone Number	MN Technician License # or	MN Guest Artist License #	Expiration Date	Temporal Start Date	ry Events End Date	Photo ID Attached

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