

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 seven 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.

Note: We are upgrading our website. Any item in *blue italics* can be found on the Minneapolis Business Licenses website. We are sorry for this temporary inconvenience. Underlined [words](#) in dark blue are active hyperlinks. 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.
2. There is a [fee](#), plus a new license processing charge, for this application. 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.
3. [Body Art Technicians – Form #1](#)
4. **Floor Plan:** Attach an 8.5" by 11", detailed and scaled floor plan with room measurements of your facility.
 - 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.
 - 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.

5. **Equipment:** Are you replacing or adding new equipment? Yes No
 If yes, attach a list of equipment and specifications.
Permits are required for equipment with gas, plumbing or mechanical connections. Email a **Body Art Plan Review Form** (Form #2) to EnvironmentalHealthPermit@minneapolismn.gov. There is a [fee](#) for this review.
 No. I do not need any permits for my equipment.
If you have questions, call 612-673-3000 or email EnvironmentalHealthPermit@minneapolismn.gov
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. If you have questions, call 612-673-3000 or email development@minneapolismn.gov.

Additional Information

- A. A Client Release Form and Aftercare Instructions are required before you can open.
- B. You must have a sharps disposable company before you can open.
- C. 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

2. 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	

[Minnesota Sales Tax ID Number](#), Social Security Number, or ITIN

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:	

3. Business Information

License(s) Requested:

<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) Name of Previous Tenant: _____ <input type="checkbox"/> Changing Equipment.	<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 existing business: _____ <input type="checkbox"/> Remodeling Only.
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4. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.

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 %	

5. Company Operations

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

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.

6. 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.

7. 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, 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 _____

8. Additional Information

1. No license will be issued for longer than one year.
2. You cannot transfer your license to any other person or location.
3. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send an email to businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service by calling 311 at 612-673-3000.
4. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.

Massage/Bodywork and Tattoo/Body Art Plan Review Application

This application must be completed and emailed to EnvironmentalHealthPermit@minneapolismn.gov. This application is required if you are:

- Building a new massage/bodywork or tattoo/body art business
- Converting an existing space into a new massage/bodywork or tattoo/body art business
- Expanding or remodeling an existing massage/bodywork or tattoo/body art business
- Adding any equipment that requires gas, mechanical, or plumbing permits

Applicant Information			
Legal/Corporate Name of Business	Business Name/DBA		
Mailing Address	City	State	Zip
Name of Applicant	Email Address	Cell Phone Number	
Business Address	City	State	Zip
Construction category – Check one			
<input type="checkbox"/> New construction	<input type="checkbox"/> Change of equipment requiring gas, mechanical or plumbing permit		
<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 type – Check all that apply			
<input type="checkbox"/> Massage/Bodywork Commercial Business	<input type="checkbox"/> Tattoo / Body Art Business		
Description of Project			
Describe your project here.			
Total square footage of new construction or remodel area:	Projected start date:	Projected completion date:	

I. Required documents

After we receive your application, we will send you a link to the [ProjectDox website](#) and a temporary password. Upload a detailed and scaled floor plan with room measurements of your facility. Include all customer and staff areas, common areas, treatment rooms, workstations, restrooms, mop sinks, etc., the location of all equipment, and finishes for walls, ceilings, floors and base coves.

II. Application fee

There is a [fee](#) associated with this plan review application. We will call you to securely collect your payment over the phone. Please do not add your credit card information to this application.

If you have any questions about this application or the required documents, please call us at 612-673-3000. You can also email us at EnvironmentalHealthPermit@minneapolismn.gov or healthreview@minneapolismn.gov.