



Minneapolis Health Department  
 250 South 4th Street, Room 300  
 Minneapolis, MN 55415  
 Phone: 612-673-2170, Fax: 612-673-5819

| FOR OFFICE USE ONLY |             |
|---------------------|-------------|
| CHECK #:            | AMOUNT:     |
| DATE:               | DIST. SAN.: |
| REVIEWED BY:        |             |

### BODY ART ESTABLISHMENT PLAN REVIEW APPLICATION

For reasonable accommodations or alternative formats please contact the Minneapolis Health Department at 612-673-3000. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-673-2157 or 612-673-2626. Para asistencia 612-673-2700 - Rau kev pab 612-673-2800 - Hadii aad Caawimaad u baahantahay 612-673-3500

LOG  APPROVE

The plan review fee must be paid when plans are submitted. See [Fee Schedule](#), use *Food Establishment Plan Review Fees, New Risk 3 Establishment, 1,000 sq. ft. or less* on page 13. Make check payable to: Minneapolis Finance Department.

| BUSINESS & OWNER INFORMATION                                  |                |   |               |
|---|----------------|---|---------------|
| NAME OF PROPOSED BUSINESS (PLEASE PRINT)                      |                | TELEPHONE   |               |
| STREET ADDRESS OF PROPOSED BUSINESS                           |                | CITY  | STATE ZIPCODE |
| NAME OF OWNER   | E-MAIL ADDRESS |   | TELEPHONE     |
| MAILING ADDRESS OF OWNER                                      |                | CITY  | STATE ZIPCODE |
| APPLICANT INFORMATION   |                |   |               |
| NAME OF APPLICANT   |                | TELEPHONE   |               |
| MAILING ADDRESS OF APPLICANT                                  |                | CITY  | STATE ZIPCODE |
| APPLICANT TITLE (OWNER, MANAGER, ARCHITECT, CONSULTANT, ETC.) |                | E-MAIL ADDRESS  |               |
| CONSTRUCTION CATEGORY (check one)                             |                |   |               |
| <input type="checkbox"/> NEW CONSTRUCTION                     |                | <input type="checkbox"/> CHANGE OF LOCATION                       |               |
| <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 CATEGORY  |                |   |               |
| <input type="checkbox"/> BODY ART ESTABLISHMENT               |                |   |               |
| TYPE OF SERVICE   |                |   |               |
| <input type="checkbox"/> TATTOO ONLY                          |                | <input type="checkbox"/> PIERCING ONLY                            |               |
| <input type="checkbox"/> TATTOOING AND PIERCING               |                |   |               |
| PROPOSED HOURS OF OPERATION                                   |                |   |               |
| SUNDAY _____  |                | THURSDAY _____  |               |
| MONDAY _____  |                | FRIDAY _____  |               |
| TUESDAY _____   |                | SATURDAY _____  |               |
| WEDNESDAY _____   |                |   |               |
| RISK  |                |   |               |
| <input type="checkbox"/> RISK LEVEL 1                         |                |   |               |
| PROJECT INFORMATION   |                |   |               |
| DESCRIPTON OF PROJECT   |                |   |               |
| PROJECTED START DATE _____                                    |                | PROJECTED COMPLETION DATE: _____                                  |               |
| OTHER INFORMATION   |                |   |               |
| TOTAL SQUARE FOOTAGE OF FACILITY: _____                       |                | NUMBER OF FLOORS OPERATIONS ARE CONDUCTED: _____                  |               |
| NUMBER OF EMPLOYEES (max. per shift): _____                   |                |   |               |
| SIGNATURE OF APPLICANT  |                |   | DATE          |