

**CITY OF GRAND FORKS**  
**APPLICATION FOR BODY ART (TATTOO) LICENSE**  
 255 N. 4<sup>th</sup> St. Grand Forks, ND PHONE: (701) 746-2664 FAX: (701)787-3740

**Annual License Fee - \$225.00**

**License #**  
 (City Use Only)

**Part I. Business Information**

Business Name:

Business Address:

Business Phone:

Business Email Address:  
 (Owner/Manager's if no general business email)

List the name and address of all persons who have an ownership interest in the business.

Applicant Name, Address, Phone Number and Email Address (if different than business information listed above).

Is the applicant a      Sole Proprietor      Partnership      Corporation

Has the premises been cited for being in violation of any of the provisions of Grand Forks City Code Section 13, Article 10 relating to Body Art?      Yes      No

Provide a description of all body art procedures to be performed on the premises.

**Employees** – Information regarding each employee of a body art establishment must be maintained on file on the premises of a body art establishment and provided to the City at request for inspection. Information must include: Employee's full name and exact duties, date of birth, gender, home address, home and work telephone number, identification photos of all body art operators.

**Inventory** – An inventory of all instruments and body jewelry, all sharps, and all inks used for any and all body art procedures, including names of manufacturers, lot numbers and dates of manufacture unless such information is not available on the packaging of such product, in which case such information as will otherwise identify the product must be inventoried, such as copies of invoices or order.

**Part II. Applicant information – to be completed by the owner of the business.**

**If business is a partnership, each partner should complete a Part II.**

**If business is a corporation, each corporate officer must complete a Part II.**

**If business has a manager, that individual must also complete a Part II.**

Name:		Email Address:	
Address:			
City:	State:	Zip:	Phone:
1. Are you over 18 years of age?    Yes                      No			
2. Have you <u>ever</u> been convicted of a felony?    Yes                      No			
3. Have you <u>ever</u> been convicted of violating any of the provisions of Grand Forks City Code Section 13, Article 10 relating to Body Art?                      Yes                      No			

Grand Forks City Code contains regulations for operating a Body Art establishment in the City of Grand Forks, ND. A license is required and must be displayed prominently in the body art establishment where it may be readily observed by clients.

The applicant appearing herein consents to entry and inspection of the premises for which this license is sought or any part thereof at any time by any health officer or any agent of the health department, for the purpose of inspection to determine whether the premises are in compliance with the provisions of this article. The health officer, the chief of police, or any officer or agent of the health or police department shall at all times be permitted upon the premises of any licensee hereunder for the purpose of inspection of to determine whether the permitted premises are in compliance with any and all ordinances of the city and regulations promulgated by the public health department.

In addition, every licensee is responsible for the conduct of the licensee's place of business and on the premises thereof, for ensuring the premises is maintained in a sanitary and safe manner consistent for use as a body art establishment and adheres to all the requirements of this article.

The applicant agrees that should any of the information contained in this application change within the period of the license, if granted, that applicant will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. Applicant also agrees that should there be a change in ownership or management during the period of the license, the city will be notified.

Applicant further agrees that misrepresentation, false statement, or omission in this application shall be grounds for rejection of said application, or revocation or suspension of any licensed granted.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_