CITY OF GRAND FORKS
APPLICATION FOR BODY ART FACILITY LICENSE

255 N. 4th St. Grand Forks, ND PHONE: (701) 746-2664 FAX: (701)787-3740

Annual License Fee :	**License #**
Permanent or Mobile Facility $175.00	(City Use Only)

Instructions: Part I of the application should be completed with business information pertaining to the business entity.
Part II of the application should be completed by each individual with ownership interest and each manager.
Make copies of Part II as needed.

Business Name:

Part I. Business Information:

Is the business a : Sole Proprietor Partnership Corporation LLC

(Complete Part II of this application form for each person with ownership interest in the business.)

Is the business location: Permanent Mobile

Business Address: (if permanent site)	Phone: Email:
Mailing Address: (__ Check here if same as business address)	Phone: Email:

Hours of Operation:

Does the Facility have a manager? Yes No

If yes, Manager Name and Contact Information:

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

Body Art Facilities are required by Grand Forks City Code Section 13-1015 to maintain the following information and have it available for inspection by the Health or Police Department as requested:

***Body Art Employees (Artists)* –** 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.

***Body Art Regulations* –** A copy of the Grand Forks City Code, Article 10, Section 13, Body Art Regulations.

Part II. Owner / Manager Personal Information – to be completed by all individuals with ownership interest in the business and managers of the facility. If business is a partnership, each partner must complete a Part II. If business is a corporation, each corporate officer must complete a Part II.			
Name:		Email Address:	
Address:			
City:	State:	Zip:	Phone:
Are you: Owner Manager If an owner, percent of ownership _____			

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

Applicants consent 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 City Code. 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 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 law.

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 the Finance Department immediately and furnish such details as may be requested by health or police department concerning any such changes. Applicant also agrees that should there be a change in ownership or management during the period of the license, the Finance Department will be notified.

The undersigned understands 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:** _____