



# Bismarck-Burleigh Public Health

500 E Front Avenue, Bismarck, ND 58504  
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**FOR OFFICE USE ONLY:**

Date Recvd: \_\_\_\_\_

## BODY ART LICENSE APPLICATION

Business Name: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: Bismarck State: ND Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone #: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

Applicant's Name & Title: \_\_\_\_\_ Applicant's Phone #: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

Projected Opening Date: \_\_\_\_\_

Select the types of body art your facility will offer:

- body piercing
- tattooing
- microblading
- branding
- scarification
- cosmetic tattooing (aka permanent makeup)
- other: \_\_\_\_\_

List the names and contact numbers of all individuals who will perform body art at this establishment

Body Artist Name (Print)	Contact Number

**Submit application with the following to Bismarck-Burleigh Public Health (contact info on letterhead):**

- \$150.00 fee – Checks payable to Bismarck-Burleigh Public Health
- Floor plan – drawn to scale, showing the layout of the procedure room(s), identifying equipment, handsink(s), type of flooring, wall color and restroom location.
- Documentation that all body artist(s) are at least 18 years of age (copy of driver's license is sufficient)
- Documentation that all body artist(s) are vaccinated against Hepatitis B
- CPR certifications of persons who will be present during hours of operation
- Copy of aftercare instructions
- The make and model of your ultrasonic and autoclave – if your facility will be using this type of equipment

**Upon review of your application, the applicant will be contacted to schedule a pre-operational inspection. A body art license will be issued only upon successfully passing a pre-operational inspection.**

With my signature, I agree operate the above named body art establishment in accordance with Title 8 Health & Sanitation of Bismarck's Code of Ordinances and understand that failing to do so can result in loss of license to operate the above named establishment.

License Holder's Name (Print) \_\_\_\_\_

License Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_