FARGO CASS PUBLIC HEALTH
1240 25th Street South
Fargo, North Dakota 58103-2367
Phone (701) 476-6729, Fax (701) 298-6929

.BODY ART TECHNICIAN LICENSE APPLICATION

NAME OF ARTIST _____D.O.B _____ (must be 18)

MAILING ADDRESS _____

PHONE_____EMAIL_____

Name of facility/event _____Procedures (tattoo, piercing, etc.) _____

CPR CERTIFICATION (Y) (N) *Proof of certification required*

HEPATITIS B VACINATED (Y) (N) *Verification document required*

BLOODBORNE PATHOGEN COURSE (Y) (N) *If yes, provide course certificate*

EXPERIENCE / TRAINING: *Provide training certificates and/or explain* _____

PROFESSIONAL ASSOCIATIONS: ( ) APTA ( ) APP ( ) Other _____

BODY ART TECHNICIAN LICENSE: To include only those artists approved by the department to operate at a licensed facility or approved event. Body art procedures preformed are limited to those approved by Fargo Cass Public Health regulations.

License fee for this purpose ……$100.00

The undersigned is familiar with the "Requirements for Body Art Establishments" and further attests that they will operate in compliance with the above document and ordinances.

DATE_____ **SIGNATURE**_____

(Please do not write below this line)

The foregoing application is approved and a license may be issued, subject to the following provisions, except that the license may be revoked or cancelled for noncompliance with regulations.

APPROVED BY _____ **DATE**_____
(EHP or REHS)