



Public Health
Prevent. Promote. Protect.
Fargo Cass Public Health

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

BODY ART ESTABLISHMENT LICENSE APPLICATION

NAME OF APPLICANT _____

NAME OF ORGANIZATION _____

ESTABLISHMENT ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Annual License Fee \$250.00

Fees are payable prior to January 1st of each year and are effective through December 31st.

The undersigned is familiar with the "Requirements for Body Art Establishments" and further attests that the operation for which application is made will be conducted in compliance with City 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)