



FARGO CASS PUBLIC HEALTH BODY ART APPLICATION

NAME OF OPERATOR	DATE OF BIRTH	EMAIL ADDRESS		
LICENSED FACILITY / EVENT		PERSONAL TELEPHONE NUMBER		
FACILITY ADDRESS	CITY	STATE	ZIP	
PERSONAL MAILING ADDRESS	CITY	STATE	ZIP	

Procedure(s) Conducted:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Tattooing | <input type="checkbox"/> Microblading |
| <input type="checkbox"/> Piercing | <input type="checkbox"/> Other (please describe) _____ |

Proof of the following is required for licensure:

- CPR Training (Proof of current certification required)
- Hepatitis B Vaccination (Vaccination documentation or positive titer required)
- Bloodborne Pathogen Training (Proof of current certification required)

Schedule of License Fees

- Body Art Operator License \$100.00
- Body Art Establishment License (fee includes owner's operator license).....\$250.00
- Temporary Body Art Event Operator License.....\$ 50.00
- Temporary Body Art Event Establishment License.....\$150.00

By signing this application, I agree to comply with the Body Art Requirements set forth by Fargo Cass Public Health.

All body art procedures must be conducted in a licensed Body Art Establishment or at a licensed Temporary Body Art Event.

Printed Name of Licensee

Signature of Licensee

Date

APPROVED BY _____ DATE _____
(Environmental Health Representative)

SEND APPLICATION AND LICENSE FEE TO:
Fargo Cass Public Health
1240 25th Street South
Fargo ND 58103-2367

For more information, please call (701) 476-6729
Revised 01/25/19