



City of Maplewood | **Citizen Services Department**  
1830 County Road B East | Maplewood, MN 55109  
651-249-2005 | 651-249-2009 (fax)

**BODY ART ESTABLISHMENT – SUPPLEMENT APPLICATION**

THIS SUPPLEMENT MUST BE COMPLETED BY:

- INDIVIDUAL OWNERS
- OWNERS OF CORPORATIONS WITH AN INTEREST OF 5% OR MORE
- ALL PARTNERS OF PARTNERSHIPS
- ESTABLISHMENT MANAGER

**APPLICATION CHECKLIST:**

**To prevent delay, please ensure the following information is submitted.  
Incomplete applications are not accepted and will be returned immediately.**

- Body Art Establishment - Supplement application
- Background Investigation Fee of \$250.00
- Informed Consent form
- Copy of Driver's License

**EVERY QUESTION MUST BE ANSWERED**

*Whoever shall knowingly and willfully falsify the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly*

**Business Information**

Business Name \_\_\_\_\_ DBA \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_

**Applicant Information**

Applicant Name \_\_\_\_\_ Job Title: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Email Address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

Are you a Citizen or legal resident alien of the United States?  Yes  No

If Naturalized, state date and place of Naturalization: \_\_\_\_\_

Have you ever been known by a name other than the one listed above?  Yes  No

If yes, list other names and period of time each name was used (attach additional sheet if necessary) \_\_\_\_\_



List each residential address within the past five years (attach additional sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_

List each place of employment within the past five years (include the type, name and location of each business or occupation, in addition to the names and addresses of employers/partners):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you owe taxes and assessments to the state, county, school district, or city that are delinquent?  Yes  No

Have you ever been convicted of a felony, crime, or violation of any ordinance other than a petty misdemeanor, or been convicted of any crime directly related to the occupation licensed as prescribed by Minn. Stats. § 364.03, subd. 2?

Yes  No If yes, furnish the following information for each conviction: **1)** charge or offense, **2)** date of arrest, **3)** arresting agency, **4)** date of conviction, **5)** court name and location, **6)** sentence.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The data in this application will be used to approve your license. Upon approval of license, the information contained in this application shall be deemed public unless private by State Statute. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I have received from the City of Maplewood a copy of the Body Art Establishments Ordinance and will familiarize myself with the provisions contained within it.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Maplewood to investigate and make whatever inquiries necessary to verify the information provided.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me a Notary Public

On \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_

Notary  
Seal

**Office Use Only**

Investigation Fee Paid \_\_\_\_\_ Date \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date Completed \_\_\_\_\_



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**BUSINESS LICENSE BACKGROUND CHECK CONSENT FORM**

Please PRINT the following Applicant information:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name (full): \_\_\_\_\_

Maiden/Former/Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**\*\* submit a copy of Driver's License with this form**

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Maplewood for the purpose of determining my eligibility for obtaining a business license by the City of Maplewood, pursuant to Minnesota State Statute 2997C.72.

I understand that I am under no obligation to consent to such investigation, but that if I refuse to do so, my application cannot be processed.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date