



City of Maplewood
 Office of the City Clerk
 1830 County Road B East | Maplewood, MN 55109
 651-249-2005 | 651-249-2957 (fax)
www.MaplewoodMN.gov

Approved By:
 Building Official
 City Manager
 City Planner
 Fire Marshal
 Health Official
 Fee Paid: _____
 Receipt #: _____

BODY ART ESTABLISHMENT

JANUARY 1 THROUGH DECEMBER 31, ANNUALLY

Guidance relating to Body Art Establishments is contained in the Maplewood City Code, Chapter 14, Article XVII. All license holders are required to be familiar with the provisions of this Ordinance and with applicable Minnesota Statutes and federal regulations.

LICENSE APPLICATION CHECKLIST:

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

- Applications:
 - Body Art Establishment License application
 - Body Art Establishment License - Supplement application (submitted by **each** owners/partner/corporate officer with 5% or more interest, and establishment manager)
- License Fee of \$309.00
- The following, regarding the technicians who will be performing body art at the licensed establishment:
 - Copy of photo identification
 - Copy of MDH Technician's license
- Set of preliminary plans showing proposed design for any new, remodeled, and altered establishments
 - Dimensions, locations of buildings, street access and parking facilities
 - Floor plan detailing internal operations and activities and stating the total floor space occupied by the business
- Certificate of Insurance naming the City of Maplewood as the Certificate Holder. If the address of the insured is different than the location to be licensed, please list the licensed location address in the *description of operations* area of the certificate. Minimum amounts of coverage should be as follows:
 - \$300,000 General Liability
 - \$100,000 Property Damage

Applicant Information (individual who executes and signs this application)

Name of Applicant _____ Job Title _____

Address _____

Phone Number (_____) _____ E-mail Address _____

Business Owner Information:

Name of Owner _____

Address _____

Phone Number (_____) _____ E-mail Address _____



Owner is a: Natural Person Partnership Corporation Foreign Corporation

If partnership/corporation, list all partners or officers of corporation with 5% or more interest

Name	Percentage Owned	Name	Percentage Owned
Name	Percentage Owned	Name	Percentage Owned
Name	Percentage Owned	Name	Percentage Owned

Business Information (Maplewood location, to be licensed):

Business Name _____ DBA Name: _____

Address _____

Phone Number (_____) _____ E-Mail Address: _____

Website _____

Do you own or lease the property on which you will be operating? Own Lease

Has applicant or any person having an ownership or management position in this business had a tattoo license denied or revoked? Yes No If yes, provide details on additional page

Establishment Manger Information (person who manages day-to-day operations):

Name of Manager _____

Phone Number (_____) _____ E-Mail Address: _____

Renewal notice should be mailed to: _____

Attn: _____

<p>Tax Identification Information:</p> <p>Please provide the following:</p> <p>Federal Tax ID _____</p> <p>MN State Tax ID _____ OR</p> <p>SSN _____ - _____ - _____</p>

MN §270C.72 requires the licensing authority to, upon request, provide to the Minnesota Commissioner of Revenue the business identification number or social security number of each license applicant.

<p>Workers' Compensation Coverage:</p> <p><input type="checkbox"/> I carry Workers' Compensation Insurance</p> <p>Insurance Company Name: _____</p> <p>Policy Number: _____</p> <p>Effective Date: _____ Expiration Date: _____</p> <p><input type="checkbox"/> I am Self-Insured (attach a copy of the permit to self-insure)</p> <p><input type="checkbox"/> I am not required to have workers' compensation liability coverage</p>
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MN §176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MN §176.181, Subd.2. Upon request, the information will be furnished to the Department of Labor and Industry.



The data in this application will be used to approve your license and 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 will familiarize myself with the provisions of the Maplewood City Code, and with applicable Minnesota Statutes and federal regulations. This business will be conducted in compliance with the above regulations, statutes and ordinances, and it is understood that failure to do so may constitute grounds for denial, suspension or revocation of this license.

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.

Applicant Signature _____ Date _____