



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:
 Police
Fee Paid: _____
Receipt #: _____

BODY ART ESTABLISHMENT – SUPPLEMENT

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

Business Information (establishment for which supplement is being submitted)

Name of Business _____ DBA Name _____

Address _____

Applicant Information

Name of Applicant _____ Job Title _____

Address _____

Phone Number (_____) _____ E-mail Address _____

Are you a Citizen of the United States? Yes No

If no, are you a legal resident alien of the United States? Yes No

If naturalized, state date and place of naturalization: _____

List residential addresses for the past five years:



List places of employment for the past five years:

Business Name

Contact Person

Phone Number

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, attach a separate page, giving 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 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 _____

Please submit a completed
Business License Background Check Consent Form
with this application



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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 299C.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 _____