



Body Art Establishment and Temporary Event Acknowledgement Form

Body art establishment license and temporary event permit applicants are required to provide verification that they are in compliance with all applicable local zoning codes per

[Minnesota Statute 146B.02 Subd.2 \(3\) \(www.revisor.mn.gov/statutes/cite/146B.02.2\)](http://www.revisor.mn.gov/statutes/cite/146B.02.2)

Please have the local jurisdiction (city, town, and/or county) complete and sign this form. It is the applicant's responsibility to identify all local jurisdictions and submit a form for each, if applicable.

Applicant Name: _____

Establishment or Temporary Event Address: _____

Establishment or Temporary Event City & Zip Code: _____

Please check one of the following statements:

A body art establishment or body art temporary event is approved at this address.

A body art establishment or body art temporary event is not approved at this address.

Signature of individual from local jurisdiction: _____

Name Printed: _____

Title of Person Responsible for Completion of this Page: _____

Name of local jurisdiction: _____

Submit this form with your Body Art Establishment or Body Art Temporary Event application.

Contact Information

Health Occupations Program – Body Art

651-201-4200

health.ba@state.mn.us