

Health Occupations Program
PO Box 64882
Saint Paul, MN 55164-0882
(651) 201-3731
TDD: (651) 201-5797

For office use only

(rev.070110)

## **Minnesota Body Art Establishment Exemption Application**

MINNESOTA GOVERNMENT DATA PRACTICE ACT NOTICE. This notice is given pursuant to Minnesota Statutes, sections 13.04, subdivision 2, and 13.41, subdivision 2. The Commissioner of the Minnesota Department of Health (Commissioner) will use information you provide in this application to determine if you meet Chapter 146B requirements for licensure. You are not legally required to supply the requested information. However, FAILURE TO PROVIDE INFORMATION OR THE SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION OR MAY BE GROUNDS FOR DENYING YOUR APPLICATION. All data, except your name and address, submitted by you or on your behalf are considered private until you are licensed. "Private" data is data that is not public and is accessible to you. When you become licensed, the application data(except SSN) becomes public. Information submitted to the Commissioner in this licensing application may, in some circumstances, be disclosed to other persons or entities including the Minnesota Department of Health and its staff, staff of the Attorney General's office, and persons whom they contact including any person to whom the Commissioner must refer the application or parts thereof for verification purposes or determination of your qualifications, and to persons you designate. In addition, if the matter of your license becomes contested and thereby results either in a contested-case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.

NOTE: Do NOT submit a fee with this application. MDH will review the ordinance under which your establishment is licensed. If MDH determines the ordinance meets or exceeds Chapter 146B requirements, you will not be required to be licensed by the State of Minnesota and no fee is necessary. You will receive written notification of the results of the MDH review.

Please type or print legibly in black or blue ink (pencil is not acceptable)

## **Owners and Operators:**

1.	page 2 and additional sheets as needed.):						
	Name(Last)	(Fir	st) (Mic	ddle)			
2.	Other name(s) used:						
3. а.	Home Mailing Address(Street address. PO Box is not acceptable as home address.) (Note: This address will be disclosed to anyone requesting it pursuant to MN Statute 13.41, Subdivision						
b.	(City)	(State)	(Zip)	(County)			
C.	Home Telephone(Area Code)		(Number)				
4	Role In Business (circle ALL applicable):	Owner	Operator	Technician			

Minnesota Department of Health Health Occupations Program PO Box 64882 Saint Paul MN 55164-0882

MN Rody	Art Estal	hlishment	License	Application

Establishment Name	

Establis	shment Information:	<b>Note:</b> If you own/operate individually licensed and			
5.	Rusiness Name:	marriadally liberiood and			or odon octabilisminem.
6.		e:			
7.		o			
7 . 8.					
	•	Commercial;			
9.					
10.					
11.					
12.	Business Website:				
Statutes located requirent	, section 146B.2, subdi within a county or muni nents.  I conduct a review of ye	OF ESTABLISHMENT LIC ivision 9, an establishment icipal jurisdiction with an en- our jurisdiction's ordinance preferred) or hard copy. C	may be exemply acted ordinand the control of the co	ot from the state lice ce which meets or e	nsure requirement if it is xceeds Chapter 146B
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	B. Hard copy of ordin		(Website iiiit	Tor Grantance)	
licensure	e requirements. The inf	ieve the above-named esta formation I have provided i ead and will comply with th	n this application	on is true and accura	ate to the best of my
	Owner or Op	erator's Signature		Date	
Additio	nal Information:				
		complete answers only wl ditional pages, please sigr			ving the questions on the
Question	n Number Ans	<u>swer</u>			

Date

Signature (required only when using this space to complete answers)