



Public Health
Prevent. Promote. Protect.

Southwestern District Health Unit

528 16th St. West
Dickinson, North Dakota 58601
Telephone: (701) 483-0171
Toll Free: 1-866-483-3050

2025 Temporary Body Art License Application

Application is hereby made for a permit to operate a Body Art Establishment within the boundaries of Southwestern District Health Unit.

PLEASE PRINT LEGIBLY:

Name of Establishment		Date(s) of Operation	
Name of Owner/Operator		Telephone Number	
Mailing Address	City	State	Zip
E-Mail Address			
Name of Event	Location of Event	City and State	

Number of artists employed: _____ (Attach list: Names, Address, Phone Number, Prof of CPR, HBV)

LICENSE FEE: \$75.00 - Payable to SWDHU (Southwestern District Health Unit).

Return the application & fee to:

Southwestern District Health Unit
528 21stth St. West
Dickinson, ND 58601

Signature of Owner/Manager

Date

For Office Use Only

Date Received: _____

Rcpt #: _____

Check #: _____

CC/Date: _____

\$ Amount: _____

Recorded: _____