



# Southwestern District Health Unit

528 21<sup>st</sup> St. West  
Dickinson, North Dakota 58601  
Telephone: (701) 483-0171  
Toll Free: 1-866-483-3050  
Fax: (701) 483-4097

## **Body Art Establishment** **License Application**

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

|                         |      |                   |     |
|-------------------------|------|-------------------|-----|
| Name of Establishment   |      | License Number    |     |
| Name of Owner/ Operator |      | Telephone Number  |     |
| Mailing Address         | City | State             | Zip |
| Establishment Address   | City | State             | Zip |
| Email Address           |      | Cell Phone Number |     |

Other Phone Number (s) Where You May Be Reached \_\_\_\_\_

Partners / Corporate Members names and addresses:

\_\_\_\_\_  
\_\_\_\_\_

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

**Annual Permit Fee \$125.00**  
**Expires December 31<sup>st</sup> of each year.**

By signing, I / We, agree to abide by the rules and regulations as stated by Southwestern District Health Unit, a copy of which I have received.

Return the application & fee to:  
Southwestern District Health Unit  
528 21<sup>st</sup> St. West  
Dickinson, North Dakota 58601

\_\_\_\_\_  
Signature of Owner/Manager

\_\_\_\_\_  
Date

### **For Office Use Only**

Date received: \_\_\_\_\_  
Rcpt #: \_\_\_\_\_  
Check #: \_\_\_\_\_  
\$ Amount: \_\_\_\_\_  
Recorded: \_\_\_\_\_