



Southwestern District Health Unit

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

2026 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 \$150.00
Expires December 31st 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 21st St. West
Dickinson, North Dakota 58601

Signature of Owner/Manager

Date

For Office Use Only

Date received: _____

Rcpt #: _____

Check #: _____

\$ Amount: _____

Recorded: _____