# HENNEPIN COUNTY

PUBLIC HEALTH

## 2024 Body Art Plan Review Requirements

Based on Hennepin County Ordinance No. 23 the following guidelines have been established for construction, remodeling, or conversion of buildings or facilities used as a body art facility.

#### DOCUMENTATION REQUIRED

Submit the completed, signed plan review application with fees to Hennepin County Epidemiology and Environmental Health with **one complete set of plans** to scale and specifications for the construction, remodeling, or alteration, which includes the following:

- To scale layout common/receiving area must be separate from procedure area
- Number of procedure areas and square feet of each
- Hand sink locations with touch free faucet controls, liquid hand soap, paper towels, garbage can
- Washable floors, walls and ceilings specify finishes
- Need adequate light levels as outlined in Ordinance 23
- Wipeable (sanitizable) procedure furniture e.g. common vinyl covered chair
- If they are not using all sterilized single-use, single packaged instruments needles, bars, jewelry, tweezers, etc., then they will need a separate area with a sink for washing instruments (not a hand washing sink or a restroom sink), an approved autoclave (pressure and heat) for sterilizing
- Public restroom for client and technician use (toilet, hand washing sink, liquid hand soap, single use paper towels, garbage can)
- Approved needle disposal containers and contract with needle/biohazard waste company
- Any counter areas must be washable and sanitizable for setting up/placing procedure instruments
- Storage area to keep chemicals and sterile pack items clean and free of dust and debris

#### 2024 BODY ART FEES\*

Body Art Establishment	\$371
Body Art Temporary Event	\$138
Plan Review	\$371
Plan Review Late Fee	\$80

CONSULTATION FEES PRIOR TO APPLICATION				
(This payment will be applied to the plan fee once the plan application is submitted.)				
Consultation in our office	Consultation on site of facility			
\$71	\$168			

\*Make checks payable to Hennepin County Treasurer

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Hennepin County is responsible for regulating body art establishments in the following cities:

- Brooklyn Center
- Champlin
- Chanhassen (Hennepin County part only)
- Corcoran
- Crystal
- Dayton
- Deephaven
- Eden Prairie
- Excelsior
- Golden Valley
- Greenfield
- Greenwood
- Hanover
- Hassan
- Hopkins
- Independence
- Long Lake
- Loretto
- Maple Grove
- Maple Plain

- Medicine Lake
- Medina
- Metro Airport
- Minnetonka Beach
- Minnetrista
- Mound
- Orono
- Osseo
- Plymouth
- Robbinsdale
- Rockford (Hennepin County part only)
- Rogers
- St. Anthony
- St. Bonifacious
- St. Louis Park
- Shorewood
- Spring Park
- Tonka Bay
- Wayzata
- Woodland

### **Cities with their own inspections departments:**

- Bloomington 952-948-8700
- Brooklyn Park 763-424-8000
- Edina 952-927-8661
- Minneapolis 612-673-2170
- Minnetonka 952-939-8200
- New Hope 763-531-5100
- Richfield 612-861-9700



Hennepin County Public Health Epidemiology and Environmental Health 479 Prairie Center Dr, Eden Prairie, MN 55344 612-543-5200 | Epi-envhlth@hennepin.us

## 2024 Body Art Plan Review Application

Return to:

Hennepin County Public Health Department Epidemiology and Environmental Health 479 Prairie Center Dr, Eden Prairie, MN 55344 Phone: (612) 543-5200

ESTABLISHMENT INFORMATION

Establishment N	ame (this will app	ear on the licens	e)		Phon	e
			MN			
Address			City		State	Zip Code
		0'	WNER INFORMAT	ION		
Owner Name (th	is will appear on a	the license)			Phon	e
Address (all corr	espondence will b	e sent to this add	dress) City		State	Zip Code
Contact Name (i	f different than ov	vner)			Email	
		OPE	RATING INFORM	ATION		
Number of Proce	edure Areas:		Numbe	r of Technicians:		
		Ser	vices (check all that a	apply)		
□ Piercing □	Tattooing	Permanent Make	eup 🛛 Microbladi	5		
			Hours of Operation			
Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:
Anticipated Oper	-					
*Starting co	nstruction witho		m the Health Aut BMISSION CHECK	-	n DOUBLE pl	lan review fees.
🗖 Plan (includin	a to scale lavout)	SU				(navable te
<ul> <li>Plan (including to scale layout)</li> <li>Completed Application</li> <li>Approved Bloodborne Pathogen Certification</li> <li>Post Procedure Care Instruction</li> </ul>				s \$742.00 (payable to Hennepin County Treasurer)		
<ul> <li>Approved Bloodborne Pathogen Certification</li> <li>MDH Body Art Technician License</li> <li>Consent/Release Form</li> </ul>				edical History Form		
			,			
Signature:					Date:	
		Pie	ase PRINT the follo	wing:		
Name:				Ph	ione:	
Email:						
	<b>oin County</b> Public H					
	ology and Environm rie Center Dr, Eden I					

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Surface Finish Details Schedule						
Room / Area	Floors	Basecove	Walls	Ceiling	Lighting	
Artist Area						
Storage Room						
Toilet Room						
Sterilization Room						
Other						

Equipment Schedule						
ltem #	Description	Manufacturer	Model #			

Provide details regarding the collection (include frequency & collector) of refuse/recyclable handling information:



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#### Worker's Comp/Tax Form

Pursuant to Minnesota Statute 270.72, Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant. Under the Minnesota Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the information described above:

- 1. This information may be used to revoke, deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
- 2. Upon receiving this information, the licensing authority will supply it to the Minnesota Department of Revenue. In addition, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
- Failure to supply this information may jeopardize or delay the issuance of you license or the processing of your application for renewal or transfer.

Pursuant to Minnesota Statute 176.182, the licensing authority is required to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the worker's compensation insurance coverage requirement of MSS, Chapter 176. The information required is: the name of insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their file. This information is required by law and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1000.00 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

OWNER INFORMATION							
	OWNE						
APPLICANT'S NAME (LAST, FIRST, M.I.)							
APPLICANT'S STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER			
ESTABLISHMENT INFORMATION							
NAME OF ESTABLISHMENT	DBA (IF DIFFERENT)						
STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER			
CONTACT NAME		TITLE		PHONE NUMBER			
	TA	X INFORMATION					
MINNESOTA TAX IDENTIFICATION NUMBER FEDERAL TAX IDENTIFICATION NUMBER			ON NUMBER				
IF A MINNESOTA TAX IDENTIFICATION NU	IMBER IS NOT RE	QUIRED, PLEASE	EXPLAIN BELOW.				
WOI	RKER'S COMPENS	SATION INSURAN	CE INFORMATION				
WORKERS COMPENSATION INSURANCE CO	MPANY NAME (INSU	JRANCE COMPANY	NAME - NOT AGENT)	POLICY NUMBER			
DATES OF COVERAGE: START	ING DATE:	THROUGH (ENDING DATE)					
		OR					
I certify that I am not required to carry worker	's compensation ins	surance because (c	heck one):				
☐ I am sole proprietor and I have <b>N</b>	<b>O</b> employees.						
I am self insured. (include permit to self-insure)							
are not covered by the worker's comp employees of a family farm that spent controllable by the employer must be	ensation law.) Thes less than \$8,000 fo covered.	se include: Spouse, or farm labor in the <sub>l</sub>	Parents, Children reg previous calendar yea	ar. All other workers whose work is			
I certify that the information provided is accurate and complete and that a valid worker's compensation policy will be kept in effect at all times as required by law.							
SIGNATURE		TITLE		DATE			