

2025 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

2025 BODY ART FEES*

Body Art Establishment	\$379
Body Art Temporary Event	\$141
Plan Review	\$379
Plan Review Late Fee	\$81

CONSULTATION FEES PRIOR TO APPLICATION (This payment will be applied to the plan fee once the plan application is submitted.)	
Consultation in our office \$73	Consultation on site of facility \$172

*Make checks payable to Hennepin County Treasurer

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



2025 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 Name <i>(this will appear on the license)</i>		Phone	
		MN	
Address	City	State	Zip Code

OWNER INFORMATION

Owner Name <i>(this will appear on the license)</i>		Phone	
Address <i>(all correspondence will be sent to this address)</i>		City	State Zip Code

Contact Name <i>(if different than owner)</i>	Email
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OPERATING INFORMATION

Number of Procedure Areas:	Number of Technicians:
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Services (check all that apply)

Piercing Tattooing Permanent Makeup Microblading Other:

Hours of Operation

Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:
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Anticipated Opening Date:

***Starting construction without approval from the Health Authority will result in DOUBLE plan review fees.**

SUBMISSION CHECKLIST

- | | | |
|---|---|---|
| <input type="checkbox"/> Plan (including to scale layout) | <input type="checkbox"/> Completed Application | <input type="checkbox"/> \$758.00 <i>(payable to Hennepin County Treasurer)</i> |
| <input type="checkbox"/> Approved Bloodborne Pathogen Certification | <input type="checkbox"/> Post Procedure Care Instructions | |
| <input type="checkbox"/> MDH Body Art Technician License | <input type="checkbox"/> Consent/Release Form | <input type="checkbox"/> Client Medical History Form |

APPLICANT / CONTACT INFORMATION

Signature: _____ Date: _____

Please PRINT the following:

Name: _____ Phone: _____

Email: _____



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

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

Equipment Schedule			
Item #	Description	Manufacturer	Model #

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

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;
3. 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.

PERSONAL INFORMATION

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

TAX INFORMATION

MINNESOTA TAX IDENTIFICATION NUMBER FEDERAL TAX IDENTIFICATION NUMBER

IF A MINNESOTA TAX IDENTIFICATION NUMBER IS NOT REQUIRED, PLEASE EXPLAIN BELOW.

WORKER'S COMPENSATION INSURANCE INFORMATION

WORKERS COMPENSATION INSURANCE COMPANY NAME (INSURANCE COMPANY NAME - NOT AGENT) POLICY NUMBER

DATES OF COVERAGE: STARTING DATE: THROUGH (ENDING DATE)

OR

I certify that I am not required to carry worker's compensation insurance because (check one):

- I am sole proprietor and I have **NO** employees.
- I am self insured. (include permit to self-insure)
- I have no employees who are covered by the worker's compensation law (Only employees who are specifically exempted by statute are not covered by the worker's compensation law.) These include: Spouse, Parents, Children regardless of age and farm labor employees of a family farm that spent less than \$8,000 for farm labor in the previous calendar year. All other workers whose work is controllable by the employer must be covered.

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