



Western Plains
PUBLIC HEALTH

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TEMPORARY BODY ART OPERATOR LICENSE APPLICATION

TEMPORARY ARTIST LOCATION	ADDRESS	
IS THIS A LICENSED ESTABLISHMENT?	ESTABLISHMENT LICENSE #*	
ESTABLISHMENT OWNER	PHONE #	EMAIL

*Body artists must work within a licensed facility. If an establishment license is not held with Western Plains Public Health, please contact to obtain proper licensure.

ARTIST NAME	ARTIST MAILING ADDRESS	
ARTIST PHONE #	ARTIST EMAIL	
CURRENT OPERATION LOCATION NAME	CITY/STATE	ARTIST LICENSE #
DATE(S) & TIME(S) OF EVENT	SERVICES OFFERED	IF OTHER, EXPLAIN

DESCRIPTION OF EVENT

ARTIST IS SUBJECT TO INSPECTION PRIOR TO OPERATION. A TEMPORARY PERMIT IS NOT TRANSFERABLE AND ONLY VALID FOR 14 DAYS **OR** AT THE CONCLUSION OF THE EVENT, WHICHEVER IS LESS.

PLEASE ATTACH A COPY OF CURRENT BLOODBORNE PATHOGEN TRAINING, CPR/FIRST AID TRAINING, AND PROOF OF HEPATITIS B VACCINATION.

I have read and understand the requirements as detailed in the Western Plains Public Health's Body Art Code and Guidelines and agree to the terms and requirements for a Body Art Operator. I further agree to the requirements of the Code in their entirety as relates to hiring, operating and maintaining records. I understand that failure to abide by the requirements of the Code may result in legal action against the license and license holder. Western Plains Public Health's Body Art Code as well as an online payment link can be found at: <https://www.westernplainsph.org/body-art-safety-sanitation>

BODY ARTIST SIGNATURE	DATE
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FOR OFFICE USE ONLY			
REVIEWED BY	DATE	CURRENT CPR/FIRST AID	CURRENT BBP TRAINING
DATE PAID	CASH CHECK CC	AMOUNT	\$30