



City of Maplewood
 Office of the City Clerk
 1830 County Road B East | Maplewood, MN 55109
 651-249-2005 | 651-249-2957 (fax)
www.MaplewoodMN.gov

Approved By:
 City Council
 City Manager
 City Planner
 Fire Marshal
 Health Officer
 Police
 Fee Paid: _____
 Receipt #: _____

BODY ART EVENT

Guidance relating to Body Art Events is contained in the Maplewood City Code, Chapter 14, Article XVII (Body Art Establishments). All permit holders are required to be familiar with the provisions of this Ordinance and with applicable Minnesota Statutes and federal regulations.

PERMIT APPLICATION CHECKLIST:

**To prevent delay, please ensure the following information is submitted.
 Incomplete applications are not accepted and will be returned immediately.**

- Body Art Event permit application
- Permit Fee of \$100.00 per day
- Signed lease or letter of agreement (if operating on property not owned by applicant or in conjunction with an event not coordinated by applicant)
- Certificate of Insurance naming the City of Maplewood as the Certificate Holder and, in the *description of operations* area of the certificate, the address at which the permit will be used and the date(s) of event. Minimum amounts of coverage should be as follows:
 - \$300,000 General Liability
 - \$100,000 Property Damage
- The following information regarding each technician employed or performing body art procedures at the event:
 - Name
 - Telephone Number
 - Copy of Photo ID
 - Copy of Current MDH Technician Permit

Applicant Information (individual in charge of event)

Name of Applicant _____ Date of Birth _____

Address _____

Phone Number (_____) _____ E-mail Address _____

Business Name of Current Employer _____

Address _____

Have you ever been convicted of a felony, crime, or violation of any ordinance other than a petty misdemeanor, or been convicted of any crime directly related to the occupation licensed as prescribed by Minn. Stats. § 364.03, subd. 2?

- Yes No If yes, furnish the following information for each conviction: **1)** charge or offense, **2)** date of arrest, **3)** arresting agency, **4)** sentence.

Event Information

Name of Event _____

Address _____

Event Date(s) (must be no longer than 4 continuous days) _____

Time of Event(s) (procedures prohibited before 7:00am or after 11:00pm) From _____ To _____

Number of Body Art events organization has conducted this year (limit of 4 per calendar year) _____

Number of Body Art booths in operation at the event _____

The data in this application will be used to approve your permit and shall be deemed public unless private by State Statute. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your permit if you do not provide it.

I will familiarize myself with the provisions of the Maplewood City Code, and with applicable Minnesota Statutes and federal regulations. This business will be conducted in compliance with the above regulations, statutes and ordinances, and it is understood that failure to do so may constitute grounds for denial, suspension or revocation of this permit.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Maplewood to investigate and make whatever inquiries necessary to verify the information provided.

Applicant Signature _____ Date _____