

Body Art Individual Registration Application

- New
 Body Art Technician
 Body Art Apprentice
 Temporary Body Art Technician Guest Artist

Application Number: LCB20 _____

**Applicant must apply in person for an ID photo.
Allow 7 working days to process.**

Applicant

Name _____ Phone (____) _____ - _____
 First Full Middle Last Maiden

Address _____ City _____ State _____ Zip _____

Address(es) at which you have lived during the preceding five years.

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Have you ever used or been known by a name or names other than the name given above?

Yes _____ No _____ *If yes, list such name(s) and information concerning dates and places used.*

E-mail _____

Height _____ Weight _____ Color of Hair _____ Color of Eyes _____

Place of Birth _____ Date of Birth _____

Are you a U.S. Citizen? Yes _____ No _____ Are you over 18? Yes _____ No _____

If yes, but your birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship or current U.S. Passport. If no, present proof of Immigration/employment status.

Employers for the preceding five years. Include name, address and dates of employment.

(Office Use Only)

Date Application received _____

Letter from shop _____

Payment entered (4 digits) _____

State licensure _____

Photo _____

Blood borne pathogens _____

Citizenship _____

Cleared background _____

ID (copy dl) _____

Date mailed _____

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Business	Business Name _____
	Address _____ City _____ State _____ Zip _____
Documentation needed	E-mail Address _____ Phone (____) ____ - _____
	Supervising Manager _____ Phone (____) ____ - _____
	Have you ever been convicted of any felony, crime or violation of any ordinance other than a minor traffic offense? Yes _____ No _____ <i>If yes, provide the time, place, offense and penalty imposed.</i>

	Have you had any interest in any previous body art license that was revoked, suspended or not renewed? Yes _____ No _____ <i>If yes, explain in detail providing dates of such revocation.</i>

	Attach:
	1. Letter from shop stating current employment.
	2. Proof of current state licensure.
	3. Proof of current blood borne pathogen training.

Temporary license applicant

Complete for temporary license applicant only. Minnesota State licensure required.

Name of event and or sponsoring organization _____

Dates requested. *Cannot exceed four (4) consecutive days.* _____

Location where temporary license will be used _____

Have you been licensed as a temporary body artist in Bloomington within the past 12 months?
Yes _____ No _____

I HEREBY STATE THAT: I am familiar with the Bloomington City Code, Chapter 14, sections 14.376-14.390 for Body Art. The Bloomington City Code is available on the City's website BloomingtonMN.gov.

I UNDERSTAND AND AGREE THAT: A criminal conviction will not bar an applicant from obtaining a license with the City of Bloomington unless such conviction is directly related to occupation for which the license is sought, according to Minnesota Statutes S364.03.

I HEREBY AUTHORIZE THAT: The City of Bloomington can investigate and make necessary to verify the information provided.

Applicant Signature: _____ **Date Signed** ____/____/____