



Public Health
Prevent. Promote. Protect.

Central Valley Health District
Environmental Health

BODY ART FACILITY LICENSE APPLICATION

The undersigned is familiar with provisions of the North Dakota Century Code chapters 12.1-31-13 and 23-01-35 as well as the North Dakota Administrative Code article 33-41 which are adopted by reference by Central Valley Health District as pertaining to the operation of a body art facility in North Dakota. Failure to comply with these regulations may result in the cancellation of this license. The undersigned also certifies that the facility for which application is made will be operated in compliance with the requirements of the above-mentioned statute and rules. **Before operating this facility you must contact Central Valley Health District at 701.252.8130.**

PLEASE PRINT LEGIBLY

This is a new facility This is a change in ownership

Name of Facility		Email Address	
Name of Owner(s)		Telephone Number	
Mailing Address	City	State	Zip Code
Facility Address	City	State	Zip Code
IF THIS IS A CHANGE IN OWNERSHIP PLEASE PROVIDE THE FORMER FACILITY INFORMATION BELOW:			
Previous Facility Name	Previous Owner	Previous License Number	

Statement:

I hereby certify that the information below is correct, and I fully understand that any deviation from the application without prior permission from Central Valley Health District (CVHD) may nullify final approval.

Owners Signature(s):	Date:

INFORMATION REQUIRED FOR SUBMISSION

In addition to completion of the document:

1. List of body art equipment: Include all branding, body piercing, microblading, scarification, subdermal implanting and tattooing equipment (examples include: autoclave, piercing equipment, jewelry, inks)
2. Provide a plan accurately drawn to a minimum scale of 1/4 inch = 1 foot.
 - a. Provide the room dimensions.
 - b. Show the location of each piece of equipment.
 - c. Designate areas of use on the plan including but not limited to:
 - i. Entrances, exits, procedure and storage areas
 - ii. Client seating area, storage, restrooms, employee area, laundry, maintenance area, chemical storage, refuse areas (interior/exterior), basements and/or cellars.
3. Plumbing and electrical certificates shall be submitted at completion of work.
4. Additional information may be requested throughout this document (disclosure paperwork, aftercare instructions, certificates for practitioners, certification of source water supply and sewage disposal, biohazard disposal) or upon review of document.

FACILITY REVIEW

Employee(s):

Employee Name:	
Home Address:	
Date of Birth:	
Phone Number:	
Gender:	
Duties:	

Employee Name:	
Home Address:	
Date of Birth:	
Phone Number:	
Gender:	
Duties:	

Employee Name:	
Home Address:	
Date of Birth:	
Phone Number:	
Gender:	
Duties:	

*Include for each practitioner performing body art procedures: bloodborne pathogen certification, CPR certification and Hepatitis B vaccination records

Include additional sheets as necessary for all employees

Facility Operations:

What is the timeline for facility completion?	
What is the timeline for facility opening?	
What are the planned hours of operation (yearlong, seasonal, days and times)?	

Services Offered:

	Yes	No
Will the facility offer branding?		
Will the facility offer body piercing?		
Will the facility offer microblading?		
Will the facility offer scarification?		
Will the facility offer subdermal implanting?		
Will the facility offer tattooing?		
What other services not listed will the facility offer?		
	Yes	No
Will the facility provide services for those under 18 years of age?		
How will the client records be stored?		
How will adverse events be documented?		
*Include consent form after care instructions and any other client forms		

Equipment:

	Yes	No
Will the facility be using single use instruments		
Will the facility be using non disposable non single use instruments?		
How will those non disposable non single use instruments be cleaned and sterilized?		

Employee Practices:

Where is employee designated area for personal storage?
*Include exposure control plan and infectious/biomedical waste management plan.
*Include the written policy to exclude or restrict workers who are sick or have infected cuts and lesions.

Physical Facilities:

	Yes	No
Are floors, walls, and ceilings smooth easily cleanable?		
Are lights shielded/shatterproof?		
What is the facility cleaning schedule?		
If not laundering on-site how will linens be cleaned?		

Insect and Rodent Control:

	Yes	No
Will all outside doors be self-closing and rodent proof ?		
Are screen doors provided on all entrances left open to the outside?		
Do all openable windows have a minimum mesh screening?		
Is area around building clear of unnecessary brush, litter, boxes and other harborage?		
Will the facility contract for pest control?		
If yes, list contracted entity:		
List any other pest prevention measures:		

Refuse:

List waste disposal entity:			
Regular waste:			
Contaminated waste:			
Once removed from containers where will refuse be stored?			
Regular waste:			
Contaminated waste:			
How often will waste be picked up by the above entity?			
Regular waste:			
Contaminated waste:			
		Yes	No
Will dumpsters be provided for regular waste?			
Do all containers have lids?			
If facility is recycling where will recycling be taken to/picked up by?			

Chemicals:

List type(s) of chemicals and where to be used:			
Name of chemicals	Descriptions of use (wipe down counters after procedure, soaking utensils etc.)		
		Yes	No
Are test papers and/or kits available for checking chemical concentration?			
Will there be an autoclave used?			
How will the autoclave be tested?			

Sewage Disposal:

List sewage disposal entity:
*If sewage supply is private include approval material.

Water Supply:

List water supply entity:		
*If water supply is private include approval material.		
	Yes	No
Is there a water treatment device?		
If yes, list maintenance, service and inspection schedule:		

Additional Information:

Include any additional information relevant to facility not elsewhere included:

Submission Checklist	Included	NA
Completed Plan Review paperwork		
Equipment list		
Facility Layout		
Electrical information		
Plumbing information		
Additional information requested		
Certification of source water supply		
Certification of sewage disposal		
Exposure Control Plan		
Infectious/Biomedical Waste Management Plan		
Employee Health Policy		
Employee records		
Client documentation (consent forms, after care instructions)		

Approval of these plans and specifications by CVHD does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. Contact the local jurisdiction regarding planning and zoning.

It further does not constitute endorsement or acceptance of the completed facility (structure or equipment). A preoperational inspection of the facility with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

For Accounting Use Only:

Date Received: _____
Amount Received: \$ _____
Cash, MO or CK #: _____

Send application and license fee to:

Central Valley Health District
122 2nd St NW
Jamestown, ND 58401
mabata@nd.gov