Central Valley Health District
Environmental Health Department
Rule 3 – Body Art Facilities

LICENSE APPLICATION

INSTRUCTIONS FOR LICENSE APPLICATION

1. Fill out the application completely (Section 1 and Section 2). An incomplete application cannot be processed and will be returned to the applicant which may delay the review and result in the denial of licensure.

2. Submit completed application documents to Central Valley Health District's Environmental Health Department, herein referred to as "Department." All submissions required must be made at least 30 days prior to beginning construction and/or operating. Application can be submitted the following methods:
   - Mail or Deliver to – Central Valley Health District
     Environmental Health Department
     122 2nd St NW
     Jamestown, ND 58401
   - Email – eh@centralvalleyhealth.org
   - Fax – 701-252-8137

3. The applicant will be contacted to confirm receipt of application and to inform applicant of process and associated fees that are due based on the set fee schedule available at https://centralvalleyhealth.org/eh/.
   Note: New, remodeled, and/or change of use facilities will be assessed Facility Application and Facility Licensure fees. Change of ownership (no change of services, staff, or remodel) will only be assessed the Change of Ownership fee.

4. Changes to any plans may require an additional plan submittal and review as changes without prior approval may void this plan review submission. Notify the Department of any changes made to the plan layout, equipment, process flow, or submitted documents.

5. No license will be issued until a pre-operational/change of ownership inspection is conducted, and the facility is in compliance. Before operating, you must register your facility by contacting the Secretary of State at 701-328-2900.

PLAN REVIEW PROCESS

- **Plan review begins after application and payment is received.**
  The Department will conduct the plan review only after the application is submitted and required fee has been paid. Please allow up to 30 business days for review. Written notice of approval or required revisions will be provided within this timeframe.

- **Any changes must be approved.**
  Changes to layout, equipment, process flow, or submitted documents may require resubmittal and additional review. Changes made without prior approval may void this plan review submission. Notify the Department of any modifications before proceeding.

- **Obtain other approvals.**
  Applicants are recommended to secure local planning and zoning approval before submitting plans to the Department. Additional agency approvals may be required. Documentation must be submitted prior to final license approval, including but not limited to:

Local Building Code Authority	Contact your city or county for a building permit, building inspection or occupancy certificate.
ND Secretary of State	Register your business at sos.nd.gov/business/business-services or call 701-328-2900.
ND State Tax Commissioner	Apply for state tax ID number at nd.gov/tax/businesses or call 701-328-1241.
ND Attorney General	Apply for a liquor license at attorneygeneral.nd.gov or call 701-328-2210.
ND State Fire Marshal	Request a fire inspection from the state or local fire authority at firemarshal.nd.gov or call 701-328-5555.
ND State Plumbing Board	Request a plumbing certification or proof of licensed installation at ndplumbingboard.gov or call 701-328-9977.
ND State Electrical Board	Request an electrical certificate or proof of licensed installation at ndseb.com or call 701-328-9522.
ND Dept of Environmental Quality	Submit water and wastewater system plans for approval to Division of Municipal Facilities at deq.nd.gov/MF or call 701-328-5200. For onsite wastewater treatment systems serving less than 15 connections or less than 25 people, contact the Department for permit requirements.

For questions or assistance, please contact Central Valley Health District's Environmental Health Department at 701.252.8130 or email eh@centralvalleyhealth.org

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APPLICANT CHECKLIST

This checklist serves as a guide for body art facility applicants and includes a listing of documentation that may be required with the submission of the application.

NEW/REMODELED/CHANGE OF USE FACILITY

- ☐ Section 1 & 2
- ☐ Floor Plan Drawing
- ☐ Equipment List
- ☐ Local Building Inspection*
- ☐ Fire Inspection
- ☐ Consent Form
- ☐ Aftercare
- ☐ Exposure Control Plan
- ☐ Body Art Operator CPR Certification
- ☐ Body Art Operator BBP Certification
- ☐ Body Art Operator Vaccination Record – Hepatitis B
- ☐ Regulated Waste Operating Plan

CHANGE OF OWNERSHIP *(same services & staff/no remodel)*

- ☐ Section 1

OTHER DOCUMENTS FACILITIES *MAY* NEED:

- ☐ Plumbing Certificate
- ☐ Electrical Certificate
- ☐ Private Source Water Supply Testing Results
- ☐ Private Sewage Disposal Witten Approval/Permit
- ☐ Piercing Jewelry Mill Certificates
- ☐ Sterilizer Testing Results

**Each jurisdiction has different building inspection processes. Consult with your local jurisdiction to determine the necessary inspection requirements.*

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SECTION 1: BODY ART FACILITY AND OWNER INFORMATION

NEW BUSINESS / CHANGE IN OWNERSHIP INFORMATION		
☐ New business/newly built business or new construction		
☐ Change in ownership of an existing, previously licensed business and no remodel		
☐ Change in ownership or existing owner with extensive remodel, renovation, or in service		
Previous Business Name:	Previous Owner Name:	Effective Date of Change in Ownership:

FACILITY INFORMATION			
Facility Name:	Facility Email Address:	Facility Telephone Number:	
Facility Physical Address:	City:	State:	Zip Code:
Facility Mailing Address: *(if different from above)*	City:	State:	Zip Code:

OWNER INFORMATION			
Owner Name:	Email Address:	Telephone Number:	
Mailing Address:	City:	State:	Zip Code:

I acknowledge that I have reviewed Central Valley Health District's Rule #3 for Body Art Facilities regarding sanitary inspection requirements for body art facilities. I certify that the facility for which this application is made will be operated in compliance with all applicable statutes, rules, and regulations.

Owner/Designee Signature	Date

LICENSE EXPIRES DECEMBER 31ST OF EACH YEAR

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SECTION 2: FACILITY REVIEW

Requirements provided in this document are consistent with Central Valley Health District Rule #3 Body Art Facilities is based on 2024 NEHA Body Art Code, North Dakota Century Code Chapter 12.1-31-13, North Dakota Century Code Chapter 23-01-35, and North Dakota Administrative Code Article 33-41 which all contain requirements for protecting public health.

Change of Ownership Facilities *(no change of services, staff, or remodel work)* do not need to complete Section 2.

PROJECT INFORMATION			
CONSTRUCTION, REMODEL, CONVERSION, RENOVATION ESTIMATIONS			
Project Start Date:	Estimated Completion Date:		
POINT OF CONTACT INFORMATION			
Name: *(Owner, Architect, Contractor, etc.)*			
Address:	City:	State:	Zip Code:
Email Address:	Telephone Number:		

A. Attach list of body art equipment.

- Include all branding, body piercing, microblading, scarification, subdermal implanting and tattooing equipment (examples include autoclave, piercing equipment, jewelry, inks).

B. Provide a plan accurately drawn to a minimum scale of 1/4 inch = 1 foot.

- Provide the room dimensions.
- Show the location of each piece of equipment.
- Designate areas of use on the plan including but not limited to:
  - Entrances, exits, procedure and storage areas
  - Client seating area, storage, restrooms, employee area, laundry, maintenance area, chemical storage, refuse areas (interior/exterior), basements and/or cellars.

C. Provide plumbing and electrical certificates shall be submitted at completion of work.

D. Additional information may be requested throughout this document (if applicable).

- Include disclosure paperwork, aftercare instructions, certificates for practitioners, certification of source water supply, sewage disposal, and biohazard disposal.

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SECTION 2: FACILITY REVIEW (CONTINUED)

Please include the following documents for each practitioner performing body art procedures:

- Photocopy of government ID, bloodborne pathogen certification, CPR certification, & Hepatitis B vaccination record.

EMPLOYEE INFORMATION			
EMPLOYEE #1			
Name:	Date of Birth:	Gender: ☐ Male ☐ Female	
Address of Residence:	City:	State:	Zip Code:
Mailing Address: *(if different than above)*	City:	State:	Zip Code:
Duties:	Telephone Number:		
EMPLOYEE #2			
Name:	Date of Birth:	Gender: ☐ Male ☐ Female	
Address of Residence:	City:	State:	Zip Code:
Mailing Address: *(if different than above)*	City:	State:	Zip Code:
Duties:	Telephone Number:		
EMPLOYEE #3			
Name:	Date of Birth:	Gender: ☐ Male ☐ Female	
Address of Residence:	City:	State:	Zip Code:
Mailing Address: *(if different than above)*	City:	State:	Zip Code:
Duties:	Telephone Number:		

*Additional sheets may be necessary to include all employee information.

FACILITY INFORMATION	
OPERATIONS	
Estimated Opening Date:	Facility operation plan: ☐ Year Round ☐ Seasonal
What are the planned hours of operation? *(include days and times)*	

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1. OPERATIONS	YES	NO	N/A
What services will the facility be offering?			
Branding	☐	☐	☐
Body Piercing	☐	☐	☐
Scarification	☐	☐	☐
Tattooing	☐	☐	☐
Microblading	☐	☐	☐
Other:			
Will the facility provide services for those under 18 years of age?	☐	☐	☐
How will the client records be stored?			
In the case of a reported incident (including injury, communicable disease, infection that requires treatment, or adverse effect to procedure materials) from a body art procedure, will the facility provide the incident report to the body art operator?	☐	☐	☐
Upon notifying the body art operator, will the facility report incident to the Department?	☐	☐	☐

*Include Consent Form, Aftercare Instructions, and any other client forms with application.

2. EQUIPMENT	YES	NO	N/A
When will staff be wearing gloves? *(explain)*			
Will the facility be using single-use instruments?	☐	☐	☐
Will the facility be using non-disposable non-single use instruments?	☐	☐	☐
If YES, how will the instruments be cleaned and sterilized?			

*Include initial jewelry certificates and material composition sheets (facilities providing body piercing services only).

3. EMPLOYEE PRACTICES	YES	NO	N/A
Will eating or drinking be prohibited in the areas where body art preparations or procedures are performed and any location where instruments or supplies are stored or cleaned?	☐	☐	☐
Is there a suitable area for storage of employee belongings and changing area, if necessary?	☐	☐	☐
Will animals and/ or fish aquariums be located in the facility?	☐	☐	☐

4. PHYSICAL FACILITIES	YES	NO	N/A
Are floors, walls, and ceilings smooth easily cleanable?	☐	☐	☐
Are lights shielded/shatterproof?	☐	☐	☐
Is the light intensity in the establishment a minimum 20 lumens?	☐	☐	☐
Is the light intensity in the procedure area a minimum 100 lumens?	☐	☐	☐
Identify the number of procedure areas in the facility:			
Is laundering provided on-site?	☐	☐	☐
If YES, how will you store dirty and clean linens? *(include laundering location on drawing)*			

LICENSE APPLICATION

SECTION 2: FACILITY REVIEW (CONTINUED)

5. **Sink Facilities**	YES	NO	N/A

Identify total number of the sinks in each of the following locations:

Procedure Area Handwashing Sink	Mop Sink	Other Sinks

NOTE: All handwashing sinks must be equipped with hot and cold running water, soap, and disposable towels or heated-air drying device. Handwashing signage is required. Handwashing sink shall be used for no purpose other than hand washing.

6. **Water Supply**	YES	NO	N/A
Is the water sourced from a city or public system?			
Is the water sourced from a private system (i.e., private well water)? If YES, a copy of the most recent bacteria and nitrate/nitrite water test will be required. Information on well water testing available here.			

7. **Sewage Disposal**	YES	NO	N/A
Is sewage disposal through a city or public system?			
Is sewage disposal through a private system? If YES, a copy of the written approval or permit will be required. Information on septic systems available here.			

8. **Plumbing**	YES	NO	N/A
Is all plumbing work installed to code? If YES, attach certificate or proof of licensed installation. If NO, explain in detail:			

9. **Restrooms**	YES	NO	N/A
Are the number of restrooms and locations to code?			
Are there covered waste receptacles in women's restroom?			
Does the handwashing facilities have hot/cold water?			
Are all restroom doors tight fitting and self-closing?			

10. **Pest Control Management Program**	YES	NO	N/A
Are all outside doors self-closing and rodent proof?			
Will all entrances (doors/windows) left open to the outside be protected against the entry of insects and rodents? If applicable, what pest control method will be used? (*select all that apply*) ☐ Screens (16 mesh to 1 inch) ☐ Air curtains ☐ Other effective means			
Is pest control management contractor planned? If YES, list contractor: _____			
Is area around building clear of unnecessary brush, litter, and other harborage?			
Are all pipes and electrical conduit chases be sealed to prevent pests?			

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11. **Refuse, Recyclables, and Returnables**	YES	NO	N/A

List waste disposal entity:

Regular Waste	Contaminated Waste	Sharps Disposal

Once removed where will refuse be stored?

Regular Waste	Contaminated Waste	Sharps Disposal *(once full)*

How often will waste be picked up by the above entity?

Regular Waste	Contaminated Waste	Sharps Disposal

Will dumpsters be provided for regular waste?

If YES, do all containers have lids?

If facility is recycling where will recycling be taken to/picked up by?

*Include written regulated Waste Operating Plan, Exposure Control Plan and Infectious/Biomedical Waste Management Plan.

12. **CHEMICIALS**	YES	NO	N/A
Is an EPA registered tuberculocidal disinfectant being utilized in body art procedure area?			

List type(s) of chemicals and where to be used:

Name of chemical:	Descriptions of use: (*wipe down counters after procedure, soaking utensils etc*.)

Are test papers and/or kits available for checking chemical concentration?	__	__	__

13. **Sterilization**			
Will there be an autoclave used?	__	__	__
If YES, is there a separate sterilization room? *(include on drawing)*			
Will there be an ultrasonic cleaner used?			

How will the autoclave be tested? *(explain)*

14. **Poisonous or Toxic Materials**	YES	NO	N/A
Will only poisonous or toxic materials necessary for the operation of the facility be allowed, be clearly labeled, and will they be stored to prevent contamination?			

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15. **ADDITIONAL INFORMATION**
Include any additional information relevant to facility not elsewhere included:

Please acknowledge the following statements by initializing in the space provided:

_____ Should any imminent health hazard risks such as: fire, flood, sewer back-up, interruption of electrical or water service, insect or rodent infestation occur in the facility, the facility will contact the Department as soon as feasible for guidance for business closure or ongoing operation.

_____ Licenses are non-transferable and expire December 31st of each year. If you are selling your business, the new owner must contact Department for plan review and licensure. If the facility requires updates to meet current health code, updates will need to take place prior to the new licensure.

I understand that plan approval does not constitute compliance with state or local licensing requirements and does not authorize operation or occupancy of a body art facility. Approval of plans is not the issuance of a license and does not represent endorsement of the completed structure or equipment. I understand that pre-operational inspection is required to determine compliance with laws governing body art facilities and to grant final license approval prior to operation.

I certify that the information submitted is accurate and understand that any deviation from the approved plans without prior written approval from Central Valley Health District's Environmental Health Department may void this plan review submission.

Owner/Designee Signature	Date