



Body Art Plan Review Packet

Community Development Department

Environmental Health Division

5200 85th Ave N. / Brooklyn Park, MN 55443

Phone (763) 493-8070

Welcome to Brooklyn Park! Thank you for your interest in opening a body art establishment in our city. **Body Art is defined as – tattooing and body piercing.** The enclosed packet includes information you will need to get started. A meeting with our division is recommended before you submit final plans.

1. Plans and Equipment Specifications Submittal

A complete set of plans, to-scale, must be submitted to the Environmental Health Division for review. Plan submittals should include:

- Site
- Building
- Floor (equipment layout)
- Elevation drawings
- Finish schedules
- Plumbing
- Electrical
- Fire protection

2. Equipment Specifications

Specification sheets of all equipment (including water heaters) must be provided. Shop drawings must be submitted for all custom equipment.

3. Application and Fee Submittal

The application included in this packet must be completely filled out and submitted with the appropriate fee for the health portion of the plan review. The plan review cannot be completed until all required items are submitted. The specific requirements are listed on the following page.

4. Body Art Establishment License

The license application and fee is not due until two weeks before opening your establishment. Please contact the Licensing Division at (763) 493-8182 if you have licensing questions.

5. Other Permits- Building, Mechanical, Plumbing, Electrical, and Fire

A building permit is required to build or demolish any wall or structure. Installation of HVAC, electrical or plumbing fixtures also requires a permit. Please contact a representative from the Building Division at (763) 493-8091 to determine which "construction trades permits" are required.

6. Licensed Technician Certifications Required

Proof of certification and state license, or registration is required prior to license approval.

Note: Before beginning the plan review process, please check with the Planning Division at (763) 493-8057 to make sure the property is properly zoned for the type of establishment you are proposing.

Please allow at least ten (10) working days to complete the plan review process. Failure to provide any of the required submittals at the onset of the plan review submittal may delay the plan review process. If changes are proposed after plans have been approved by this Division, additional plans indicating changes must be submitted in writing and approval must be received from the health authority.

Please contact the Environmental Health at (763) 493-8070 if you have questions or to schedule a pre-plan meeting. We look forward to working with you.

Body Art Plan Review Submittal Requirements:

- Plan review application and fee
- Plan layout of establishment, including equipment locations (hand sink, bathrooms/toilet facilities, water heater, janitor sink, infectious waste disposal, body art equipment, tables, chairs, etc.)
- Finish schedules – floors, walls and ceiling in all areas (including the bathrooms)
- Lighting Intensity – Lighting provided at the level body art procedures are performed must be at least 100 foot candles.



ESTBALISHMENT INFORMATION

Name of Establishment _____ Phone Number _____
 Name of Business _____ Address _____
 Type of Establishment: Sit Down _____ Take-Out _____ Catering _____ Delivery _____ Grocery _____
 Wholesale _____ Liquor Service _____ Mobile Food Vehicle _____
 Owner's Name _____ Owner's Phone Number _____
 Owner's Address _____
 Owner's email _____

PLAN INFORMATION

Blue Prints Submitted By: Owner _____ Contractor _____ Architect _____ Supplier _____
 Application's name _____ Phone Number _____
 Address _____ Email _____

ARCHITECT INFORMATION

Firm Name _____ Architect's Name _____
 Address _____
 Phone number _____ Email _____

FEES

New Establishment – 150% of License Fee Remodel (Same establishment & same owner) – 100% of License Fee

PROJECT INFORMATION

Type of Work: New Construction _____ Remodel _____
 Valuation of Work (Related to food services, not including land) \$ _____
 Estimated Start Date _____ Estimated Completion Date _____

OPERATIONS INFORMATION

Hours of Operation: Sun _____ Mon _____ Tues _____ Weds _____ Thurs _____ Fri _____ Sat _____
 Seating Capacity _____ Number of Staff _____ Total square feet of facility _____
 Number of food deliveries per week: Frozen _____ Refrigerated _____ Dry _____ Liquor _____

Applicant's Signature: _____ **Date:** _____

OFFICE USE ONLY

Date Received _____ Date Approved _____ Plan Reviewer Sign _____

**MINNESOTA BUSINESS TAX IDENTIFICATION/
SOCIAL SECURITY NUMBER**

Pursuant to 2011 Minnesota Statute, Chapter 270C DEPARTMENT OF REVENUE, (section 270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving the information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
- **FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.**

Please supply the following information and return along with your application to the licensing authority.

Applicant's Full Name	
Applicant's Address	
City, State & Zip	
Applicant's Social Security Number or EIN number	
Position (Officer, Partner, Etc.)	
Business Name	
Business Address	
City, State & Zip	
Minnesota Tax Identification Number	
Signature	Date

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW COVERAGE**

(FORM MUST ACCOMPANY LICENSE OR PERMIT APPLICATION)

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Full Name (Last, First, Middle)	
Doing Business As: (Business name if different than your name)	
Business Address	
City, State, Zip	Phone ()

I am not required to have workers' compensation liability coverage because: <ul style="list-style-type: none"><input type="checkbox"/> I have no employees.<input type="checkbox"/> I am self-insured (include permit to self-insure).<input type="checkbox"/> I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children and certain farm employees).
--

I certify that the information provided above is accurate and complete.	
Signature	Date

OR

Insurance Company Name (NOT the insurance agent)
Policy Number
Dates of Coverage

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.	
Signature	Date