FARGO CASS PUBLIC HEALTH
1240 25th Street South
Fargo, North Dakota 58103
Phone (701) 476-6729 Fax (701) 298-6929

TEMPORARY BODY ART EVENT APPLICATION

NAME OF APPLICANT _____

NAME OF ORGANIZATION _____

MAILING ADDRESS _____

CITY_____ STATE_____ ZIP_____

PHONE_____EMAIL_____

TEMPORARY BODY ART EVENT LICENSE: Intended for temporary operations at an approved location in conjunction with a single event or exhibition for a *period of not more than 5 days*.

License fee for this purpose ……$200.00

Dates of proposed event _____

Site of proposed event _____

Procedures to be performed (tattoo, piercing, etc.) _____

The undersigned is familiar with the "Requirements for Body Art Establishments" and further attests that the operation for which application is made will be conducted in compliance with City ordinances.

DATE_____ **SIGNATURE**_____

(Please do not write below this line)

The foregoing application is approved and a license may be issued, subject to the following provisions, except that the license may be revoked or cancelled for noncompliance with regulations.

_____

APPROVED BY _____ **DATE**_____
(EHP or REHS)