HENNEPIN COUNTY

PUBLIC HEALTH

2026 Body Art Plan Review Requirements

Based on Hennepin County Ordinance No. 23 the following guidelines have been established for construction, remodeling, or conversion of buildings or facilities used as a body art facility.

DOCUMENTATION REQUIRED

Submit the completed, signed plan review application with fees to Hennepin County Epidemiology and Environmental Health with **one complete set of plans** to scale and specifications for the construction, remodeling, or alteration, which includes the following:

- To scale layout - common/receiving area must be separate from procedure area
- Number of procedure areas and square feet of each
- Hand sink locations with touch free faucet controls, liquid hand soap, paper towels, garbage can
- Washable floors, walls and ceilings - specify finishes
- Need adequate light levels as outlined in Ordinance 23
- Wipeable (sanitizable) procedure furniture - e.g. common vinyl covered chair
- If they are not using all sterilized single-use, single packaged instruments - needles, bars, jewelry, tweezers, etc., then they will need a separate area with a sink for washing instruments (not a hand washing sink or a restroom sink), an approved autoclave (pressure and heat) for sterilizing
- Public restroom for client and technician use (toilet, hand washing sink, liquid hand soap, single use paper towels, garbage can)
- Approved needle disposal containers and contract with needle/biohazard waste company
- Any counter areas must be washable and sanitizable for setting up/placing procedure instruments
- Storage area to keep chemicals and sterile pack items clean and free of dust and debris

2026 BODY ART FEES*

Body Art Establishment	$193 (Prorate amount Nov-Jan)
Body Art Temporary Event (per artist)	$100
Body Art Temporary Event Additional Day (up to 21 days)	$20
Plan Review	$386
Plan Review Late Fee	$83

**Make checks payable to Hennepin County Treasurer*

Hennepin County is responsible for regulating body art establishments in the following cities:

- Brooklyn Center
- Champlin
- Chanhassen (Hennepin County part only)
- Corcoran
- Crystal
- Dayton
- Deephaven
- Eden Prairie
- Excelsior
- Golden Valley
- Greenfield
- Greenwood
- Hanover
- Hassan
- Hopkins
- Independence
- Long Lake
- Loretto
- Maple Grove
- Maple Plain
- Medicine Lake
- Medina
- Metro Airport
- Minnetonka Beach
- Minnetrista
- Mound
- Orono
- Osseo
- Plymouth
- Robbinsdale
- Rockford (Hennepin County part only)
- Rogers
- St. Anthony
- St. Bonifacious
- St. Louis Park
- Shorewood
- Spring Park
- Tonka Bay
- Wayzata
- Woodland

Cities with their own inspections departments:

- Bloomington – 952-948-8700
- Brooklyn Park – 763-424-8000
- Edina – 952-927-8661
- Minneapolis – 612-673-2170
- Minnetonka – 952-939-8200
- New Hope – 763-531-5100
- Richfield – 612-861-9700

Hennepin County Public Health
Epidemiology and Environmental Health
479 Prairie Center Dr, Eden Prairie, MN 55344
612-543-5200 | Epi-envhlth@hennepin.us

2026 Body Art Plan Review Application

Return to:

Hennepin County Public Health Department
Epidemiology and Environmental Health
479 Prairie Center Dr, Eden Prairie, MN 55344
Phone: (612) 543-5200

ESTABLISHMENT INFORMATION

Establishment Name *(this will appear on the license)* | Phone

Address | City | State (MN) | Zip Code

OWNER INFORMATION

Owner Name *(this will appear on the license)* | Phone

Address *(all correspondence will be sent to this address)* | City | State | Zip Code

Contact Name *(if different than owner)* | Email

OPERATING INFORMATION

Number of Procedure Areas: | Number of Technicians:

Services (check all that apply)

☐ Piercing ☐ Tattooing ☐ Permanent Makeup ☐ Microblading ☐ Other:

Hours of Operation

Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:

Anticipated Opening Date:

Starting construction without approval from the Health Authority will result in DOUBLE plan review fees.

SUBMISSION CHECKLIST

☐ Plan (including to-scale layout)
☐ Approved Bloodborne Pathogen Certification
☐ MDH Body Art Technician License
☐ Completed Application
☐ Post Procedure Care Instructions
☐ Consent/Release Form
☐ $579.00 *(payable to Hennepin County Treasurer)*
☐ Client Medical History Form

APPLICANT / CONTACT INFORMATION

Signature: | Date:

Please PRINT the following:

Name: | Phone:

Email:

Surface Finish Details Schedule					
Room / Area	Floors	Basecove	Walls	Ceiling	Lighting
Artist Area					
Storage Room					
Toilet Room					
Sterilization Room					
Other					

Equipment Schedule			
Item #	Description	Manufacturer	Model #

Provide details regarding the collection (include frequency & collector) of refuse/recyclable handling information:

Hennepin County Public Health
Epidemiology and Environmental Health
479 Prairie Center Dr, Eden Prairie, MN 55344
612-543-5200 | Epi-envhlth@hennepin.us

REQUIRED FOR LICENSING

WORKER'S COMP / TAX ID FORM

****ALL FIELDS ARE REQUIRED; INCOMPLETE FORMS NOT ACCEPTED****

Pursuant to Minnesota Statute 270C.72. Subd 4, 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 Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the information described above:

1. This information may be used to revoke, deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it to the Minnesota Department of Revenue. In addition, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the issuance of your license or the processing of your application for renewal or transfer.

Pursuant to Minnesota Statute 176.182, the licensing authority is required 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 worker's compensation insurance coverage requirement of MSS, Chapter 176. The information required is: the name of 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 file.

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 or falsely stated, it may result in a $2000.00 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

OWNER INFORMATION

LEGAL OWNER:

Contact Name:

Mailing Address:

Phone #: Email:

BUSINESS INFORMATION

Business Name:

Address:

TAX INFORMATION

MN Tax ID Number: Federal Tax ID Number:

If you do not have a tax ID number, you MUST submit your social security number:

WORKER'S COMPENSATION INSURANCE INFORMATION

Insurance Company:

Policy Number: Coverage Dates:

If worker's compensation insurance is not required, complete the following section

I certify that I am not required to carry worker's compensation insurance because (check one):

- ☐ I am sole proprietor and I have NO employees
- ☐ I am self-insured (include permit to self-insure)
- ☐ I have no employees who are covered by the worker's compensation law. Only employees who are specifically exempted by statute are not covered by this law. These include: spouse, parents, children (regardless of age) and farm labor employees of a family farm that spent less than $8000 for farm labor in the previous calendar year. All other workers whose work is controllable by the employer must be covered.

*By signing, I certify that the information provided is accurate and complete and that a valid worker's compensation policy will be kept in effect at all times as required by law.

SIGNATURE / DATE:

Email completed form to: Epi-Envhlth@hennepin.us or Mail to: 479 Prairie Center Drive, Eden Prairie, MN 55344