

BODY ART  
 Office of the City Clerk  
 City of Robbinsdale  
 Ordinance Section 625

LICENSE APPLICATION  
 Annual License Fee \$50  
 Initial Fee Investigation \$200  
 Renewal Investigation Fee \$100

I, \_\_\_\_\_, hereby make application for a Body Art License, subject to provisions of City Ordinances. I do hereby swear that the several answers and statements, and any attached information set forth by me in this application are true.

The City Ordinance requires that the data requested in this application must be submitted in order for the City to determine your eligibility for the license. Refusal to provide the data may result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The City Staff shall investigate the data provided. A recommendation for approval or denial, based upon the applicant's eligibility is determined by the provisions of the licensing ordinance and other applicable laws, shall be forwarded to the City Council for final determination. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

**PLEASE PRINT OR TYPE YOUR RESPONSES**  
 (Provide in full the first, middle and last names where requested)

Applicants Full Name & Title		Applicants Home Address	
Trade Name or D.B.A and Business Address		City	State
		Zip	
Drivers License No./State Issued	Date of Birth	Residence Phone No.	Business Phone No.
Owner and/or Manager's Full Name	Owner and/or Manager's Residence Phone No.	Owner and/or Manager's Business Phone No.	

The following must be submitted with your application:

- Personal Liability Certificate of Insurance: \$1,000,000 combined single limit.
- Minnesota Tax/Workers Compensation form
- Copy of valid Hennepin County License

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only.

**Recommendation of Departments.** (Initial your approval. Give reason for denial on separate memorandum)

	<b><u>APPROVE</u></b>	<b><u>CONDITIONS</u></b>	<b><u>DENY/MEMO ATTACHED</u></b>
____ Planning	_____	_____	_____
____ Police	_____	_____	_____
____ Fire	_____	_____	_____