



**CITY OF RICHFIELD**

2023

**Application for Technician/  
Apprentice/Guest Tattoo Artist**

LOGIS # \_\_\_\_\_

**Fee: \$ 64.00**

**Part II – Personal Information**

Technician     Apprentice     Guest Artist     Other

Name of applicant: \_\_\_\_\_  
(Last) (First) (Full Middle)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Phone # \_\_\_\_\_ Position/Title: \_\_\_\_\_

Driver's License #/ State Issued: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Eye color: \_\_\_\_\_ Email: \_\_\_\_\_

Have you been known by any other name(s)?     Yes (If yes, list below)     No

\_\_\_\_\_

Name of business where activity will be conducted:

\_\_\_\_\_

Address: \_\_\_\_\_

Beginning and ending dates of activity to be conducted by apprentice or guest artist:

From: \_\_\_\_\_ to: \_\_\_\_\_

**\*\*\* (Guest artist cannot exceed 30 days of activity per calendar year)**

**Have you ever been convicted of any felony, misdemeanor, or violation of any ordinance other than a minor traffic offense?**     Yes     No    If Yes, list the date, place and offense for which convictions were had:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brief description of body art procedures to be performed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(TECHNICIANS ONLY):**

Previous home addresses for past 5 years:

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Previous employers for past 5 years:

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**\*\*\*NOTE:** Technicians **MUST** provide current proof of successful completion of an approved course on blood borne pathogens and prevention of disease transmission; **AND** each registrant shall include proof of training and experience, which may include a signed affidavit as proof of completion of supervised apprenticeship for a minimum of 200 hours in the area which the applicant is seeking a license **OR** current license issued from another health agency.

**(FOR GUEST ARTIST)**

Will the sponsor be present at all times when the guest artist is conducting body art procedures?

Yes: \_\_\_\_\_ \*\*No: \_\_\_\_\_

**\*\*If no, then the guest artist needs to provide current proof of successful completion of an approved course on blood borne pathogens and prevention of disease transmission; AND each registrant shall include proof of training and experience, which may include a signed affidavit as proof of completion of supervised apprenticeship for a minimum of 200 hours in the area which the applicant is seeking a license or current license issued from another health agency.**

**Note\*\*** (For Apprenticeship) The licensed and registered technician conducting the apprenticeship must be present at all times when the apprentice is conducting body art procedures.

**Proof of Licensure by the State of Minnesota Department of Health is required for ALL applicants. PLEASE ATTACH WITH APPLICATION.**

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*I understand that submitting a false or incomplete application is immediate grounds for denial and declare the information I have provided is true and correct.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Form  
Sp:C1

# City of Richfield

## License Applicant Information

Under Minnesota Law (M.S. 270C.72), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal, or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

*Please print or type*

Name of license being applied for or renewed: \_\_\_\_\_

Licensing Authority (Name of city, county, or state agency issuing license): City of Richfield

Licensing (or renewal) date: \_\_\_\_\_

### **Personal Information:**

Applicant's last name	First name and initial	SSN or ITIN (if applicable)
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Applicant's address	City	State	Zip Code
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### **Business Information (if applicable):**

Business name \_\_\_\_\_

Business address	City	State	Zip Code
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Minnesota tax identification number	Federal tax identification number
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*If a Minnesota tax identification number is not required, please explain on the reverse side of this form.*

Signature	Title	Date
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**APPLICATION FOR LICENSE INVOLVING  
PRIVATE OR CONFIDENTIAL INFORMATION  
(Tennessee Warning)**

IN CONNECTION WITH YOUR REQUEST FOR A LICENSE, THE CITY HAS ASKED THAT YOU PROVIDE IT WITH INFORMATION ABOUT YOURSELF WHICH IS CLASSIFIED AS EITHER PRIVATE OR CONFIDENTIAL BY THE MINNESOTA GOVERNMENT DATA PRACTICES ACT (M.S.A 13.04). ACCORDINGLY, THE CITY IS REQUIRED TO INFORM YOU OF THE FOLLOWING:

1. The Purpose and intended use of the information requested is: To determine if you are eligible for a license from the City of Richfield.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is: The information, or further investigation could disclose information, which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is: Your request for a license cannot be processed.
5. The following persons and entities are authorized by law to receive the information if provided: Staff of Richfield Public Safety Department, Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office, State of Minnesota – Driver License Section, Hennepin County Auditor, and other governmental agencies necessary to process your application.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_