

Under the Minnesota Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

1. 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.
2. Countryside Public Health will supply information 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.
3. Failure to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Application must be completed IN FULL in order to be processed. Incomplete applications will not be processed and will be returned.

ESTABLISHMENT NAME: _____ MN BUSINESS ID: _____

ESTABLISHMENT ADDRESS: _____
(STREET) (CITY) (ZIP)

ESTABLISHMENT PHONE:(____) _____ FAX: _____

APPLICANT NAME: _____
(FIRST) (MI) (LAST)

BUSINESS MAILING ADDRESS: _____
(STREET) (CITY, STATE) (ZIP)

E-MAIL: _____ SOCIAL SECURITY # _____

If joint ownership, name of all owners or officers: _____

BUSINESS TYPE: Year-round _____ Seasonal _____

If seasonal, (open date _____, close _____)

BUSINESS HOURS/DAYS: _____

WATER SUPPLY: Municipal _____ Private _____ SEWAGE SYSTEM: Municipal _____ Private _____

INSURANCE INFORMATION

Your license cannot be issued without this information. If you do not have paid or otherwise compensated employees, indicate "N/A" below.

WORKER'S COMP

Policy # _____ Name of Company _____

Address of Company _____

LIABILITY INSURANCE POLICY information pertaining to personal injury (MIN. \$100,000/individual & \$250,000/annual aggregate limits)

Policy # _____ Name of Company _____

Address of Company _____

PENALTY FEE: A penalty of 25% of the license fee is required when applying after 10 days from the opening for new establishments.

NOTICE: From and after October 1 of each year, the license fee for new establishments or operators shall be one-half of the appropriate annual license fee plus any penalty that may be required. Establishment licenses are not transferable from person or place. License fees are not refundable.

PLAN REVIEW: When an establishment is to be constructed or extensively remodeled, prepared plans and specifications must be submitted to and approved by Countryside Public Health Service **PRIOR** to construction.

FEE SCHEDULE

Initial Fee for a Tattoo License (new establishments and new owners only).....	\$250.00
Annual re-licensing fee.....	\$112.50
Plan Review Fee.....	\$150.00

FEES PAYABLE: Make checks payable to Countryside Public Health Service

Plan Review (if applicable).....	\$ _____
Initial License Fee.....	\$ _____
Renewal License Fee.....	\$ _____
Penalty Fee (if applicable 25% of total fee).....	\$ _____
TOTAL DUE	\$ _____

Applicant Signature	Date	Phone
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