

# License Closure Form

## BODY ART ESTABLISHMENTS

If your establishment is no longer operating as a Body Art Establishment, please complete this form and return it to our office by email at [health.ba@state.mn.us](mailto:health.ba@state.mn.us). Thank you.

### License Information

License Number: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

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

Closure Date: \_\_\_\_\_

Verification: \_\_\_\_\_

### Affirmation

Please print and sign below to affirm that this information is correct. Electronic signatures are accepted.

*I certify that the information provided on this form is accurate and complete. I certify that I am the owner of the establishment with the authority to close the license, and I intend to close the establishment license noted above. I understand that body art may not be performed at the establishment once the license is closed, and a new license must be granted to perform body art at the establishment in the future.*

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

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Minnesota Department of Health  
Health Occupations Program  
Body Art Licensing  
PO Box 64882 St. Paul MN 55164-0882  
Telephone: (651)201-4200  
Email: [Health.ba@state.mn.us](mailto:Health.ba@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

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To obtain this information in a different format, call: (651)201-4200.