

Black Web Ink Presents

Fargo Tattoo Expo

Ramada-Fargo Woodland Convention

Updated: July 25th - 27th 2025

All Artists must submit portfolio prior to approval

Single booth up to two artist \$700

Each additional 10x10 booth \$700

To register and receive an invoice, please email the attached booth application to: Licensing@blackweb.ink

Deposits are required to reserve a booth

They are non-refundable and must be made in order to reserve your booth

Booth must be paid in full NO LATER THAN 30 Days prior to event

**Health Department paperwork must be sent to licensing@blackweb.ink and the Health
Dept directly**

All attending artists are responsible for their own licensing for this event.

Must have Hep B Vaccination Record for ND

Valid BBP CPR and Photo ID

All must be attached in your email per artist

Health Dept payments will be added to your invoice per artist

If you are a Vendor only, please only fill out page one

For more info: www.blackweb.ink

Or email at Licensing@blackweb.ink

Health dept info:

Brad Schneider

o: 701.241.1387

FargoCassPublicHealth.com

c: 701.371.3393

1240 25th Street South

Fargo, ND 58103

Fargo Tattoo Expo

July 25th-27th 2025

Booth Name:

How Many Booths: \$700 Each

Contact information:

Phone:

Email:

Artist 1:

Email:

Phone:

IG/FB:

Artist 2:

Email:

Phone:

IG/FB:

Artist 3:

Email:

Phone:

IG/FB:

Artist 4:

Email:

Phone:

IG/FB:

Artist 5:

Email:

Phone:

IG/FB:

Artist 6:

Email:

Phone:

IG/FB:

Artist 7:

Email:

Phone:

IG/FB:

Artist 8:

Email:

Phone:

IG/FB:

**Please be sure to submit all required
information**

**Send all documents to Licensing@blackweb.ink
Once received and approved we will send invoice**



**Fargo Cass
Public Health**
Prevent. Promote. Protect.

BODY ART LICENSE APPLICATION

ENVIRONMENTAL HEALTH

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ACCOUNT #: _____
DATE PAID: _____
PAID BY: _____
LICENSE SENT: _____

Legal Name of Operator	Preferred Name / Artist Name		
Email Address	Date of Birth		
Licensed Facility / Event	Personal Telephone Number		
Facility Address	City	State	Zip
Personal Mailing Address	City	State	Zip

Procedure(s) Conducted:

- ☐ Tattooing ☐ Piercing
☐ Microblading ☐ Other (please describe)

Proof of the following is required for licensure:

- ☐ CPR Training (proof of current certification required)
☐ Hepatitis B Vaccination (vaccination documentation or positive titer required)
☐ Bloodborne Pathogen Training (proof of current certification required)

Licensing Fee Schedule:

- ☐ Body Art Operator License ☐ \$ 120.00
☐ Body Art Establishment License (fee includes owner's operator license) ☐ \$ 275.00
☐ Temporary Body Art Event Operator License (up to 5 days) ☐ \$ 60.00
☐ Temporary Body Art Event Establishment License (up to 5 days) ☐ \$ 175.00

By signing this application, I agree to comply with the Body Art Requirements set forth by Fargo Cass Public Health. All body art procedures must be conducted in a licensed Body Art Establishment or at a licensed Temporary Body Art Event.

Licensee's Signature

Licensee's Printed Name

Date

SEND APPLICATION AND LICENSE FEE TO:

Fargo Cass Public Health
1240 25th Street South
Fargo ND 58103-2367

For more information, please call 701.476.6729

INTERNAL USE ONLY

Approved by: _____

Date: _____