

43525 Elizabeth Road  
Mt. Clemens, MI 48043

MACOMB COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES DIVISION

Tel. 586-469-5236  
Fax 586-469-6534

**BODY ART ESTABLISHMENT PERMIT APPLICATION**

Please complete the following and submit with \$100.00 inspection fee.  
Make check payable to *MACOMB COUNTY HEALTH DEPARTMENT*. Incomplete applications will not be processed.

**Application Type**

- PERMIT RENEWAL
- NEW ESTABLISHMENT
- OWNERSHIP CHANGE

**Body Art Procedures Performed (check all that apply)**

- TATTOO       PIERCING – other than ear
- OTHER (specify): \_\_\_\_\_  
\_\_\_\_\_

**Owner Information (please print)**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

**Establishment Information (please print)**

BUSINESS NAME \_\_\_\_\_  
PHYSICAL ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
HOURS OF OPERATION \_\_\_\_\_  
WATER SUPPLY: MUNICIPAL \_\_\_ WELL \_\_\_ SEWAGE: MUNICIPAL \_\_\_ SEPTIC \_\_\_

The undersigned agrees to operate in accordance with all applicable state and local regulations and notify the Macomb County Health Department of any change in the type of business activity, name, address or ownership prior to implementing any change. Failure to do so may result in enforcement action including permit suspension or revocation.

I hereby certify that the information provided above is true and accurate to the best of my knowledge. Deliberately providing false information is cause for denial or revocation of my body art establishment permit. Permits are not transferable and shall be renewed annually.

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

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

**FOR HEALTH DEPT. USE ONLY**

Permit # \_\_\_\_\_

Approved By \_\_\_\_\_

Receipt Date \_\_\_\_\_

Validation: