

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 by January 31, 2010.
Make check payable to *MACOMB COUNTY HEALTH DEPARTMENT*. Incomplete applications will not be processed.

Application Type

<input checked="" type="checkbox"/> PERMIT RENEWAL
<input type="checkbox"/> NEW ESTABLISHMENT
<input type="checkbox"/> OWNERSHIP CHANGE

Body Art Procedures Performed (check all that apply)

<input type="checkbox"/> TATTOO	<input type="checkbox"/> PIERCING – other than ear
<input type="checkbox"/> 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: _____