

BODY ART ESTABLISHMENT PERMIT APPLICATION - 2012

Please complete the following and submit with \$103.00 inspection fee.

Make check payable to *MACOMB COUNTY HEALTH DEPARTMENT*. Incomplete applications will not be processed.

Application Type

<input 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:	