

APPLICATION FOR BODY ART LICENSE

TO OPERATE A BODY ART ESTABLISHMENT IN SHAWASSEE COUNTY
COMPLETION REQUIRED FOR LICENSE
SHADED AREA MUST BE COMPLETED

ANNUAL YEAR _____

TEMPORARY

MOBILE

This Box For Health Dept. Use

License Number

Name of Establishment or Business	Mailing Address (Number and Street or PO Box)	City, Village or Twp	State	Zip
Address of Establishment				
Name of Owner (Last, First, Middle Initial)	Home Address	City, Village or Twp	State	Zip
Facility Telephone Number				

TEMPORARY OR MOBILE LICENSE INFORMATION

Name of Festival or Organization	Address of Proposed Location
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Site Telephone Number ()	Name of Site Contact	Proposed Dates of Operation
		Month _____ Day _____ Year _____ through Month _____ Day _____ Year _____

Purpose of Temporary or Mobile Establishment

List All Services To Be Offered To Public:

I Hereby Certify That The Above Information Is Accurate And Complete:

Signature of Owner or Authorized Agent	Print Name of Owner or Authorized Agent
Signature of Health Department Representative	Date

UPON APPROVAL BY LOCAL HEALTH DEPT., THIS ESTABLISHMENT IS LICENSED FOR DATES PROPOSED.

Annual License expires January 15.

FEE \$ _____

For Health Dept. Use Only:

CASH CHECK MONEY ORDER

Date Received _____

Receipt # _____

Check or Money Order # _____

Received By _____

*The Temporary or Mobile License allows operation for a maximum of 14 consecutive days at a fixed location.
NOT TRANSFERABLE AS TO PERSON OR PLACE