



BODY ART FACILITY INSPECTION APPLICATION

Facility/Business Name: _____

Facility Address: _____
ADDRESS STREET/ROAD CITY ZIP CODE

Phone: _____ Fax: _____ Email: _____

Owner/Operator: _____ Phone: _____

Mailing Address (if different): _____
ADDRESS STREET/ROAD CITY ZIP CODE

Type of Procedures Performed (check all that apply)

- Tattooing (including cosmetic tattooing)
- Body Piercing
- Branding

Hours of Operation:

- _____ Check here if by appointment only
- Monday _____ am/pm to _____ am/pm
 - Tuesday _____ am/pm to _____ am/pm
 - Wednesday _____ am/pm to _____ am/pm
 - Thursday _____ am/pm to _____ am/pm
 - Friday _____ am/pm to _____ am/pm
 - Saturday _____ am/pm to _____ am/pm
 - Sunday _____ am/pm to _____ am/pm

Check Desired Inspection(s)

	\$150	Routine Inspection (Annual Renewal or New Apps received prior to July 1)
	\$80	Routine Inspection (New Apps received on or after July 1)
	\$135	Reinspection
	\$225	Plan Review (includes pre-opening inspection)

Return payment and completed **Body Art Facility Inspection Application** to:

Mailing Address:

Public Health – Muskegon County
 1903 Marquette Ave, Suite S101
 Muskegon, MI 49442

Physical Address:

Public Health – Muskegon County
 1903 Marquette Avenue – Door 23
 Muskegon, MI 49442

By signing this form, I hereby certify that all of the information provided by me on this form is true to the best of my knowledge and I have read and understand the application instructions. I agree to comply with the provisions of the "MDHHS Requirements for Body Art Facilities." I understand that the PHMC Health Officer or their authorized representative may enter the premises of the above listed facility for inspection purposes. I also understand that there will be a fee for any returned checks as well as a processing fee for any evaluation cancelations. By paying online for the service, I understand that I am signing this agreement electronically, and that my electronic signature is the legal equivalent of my manual signature for the purposes of validity, enforceability and admissibility.

Signature _____ Title _____ Date _____

Date Received	Received By	Amount Paid/Check #	Receipt #
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