TEMPORARY BODY ART FACILITY (TBAF) INSPECTION APPLICATION

Temporary Body Art Facility Name (TBAF): _____

Owner/Operate:_____ Phone :_____

Mailing Address: _____
                                ADDRESS   STREET/ROAD   CITY   ZIP CODE

Proposed TBAF Location:_____
                                ADDRESS   STREET/ROAD   CITY   ZIP CODE

Name of Event (if applicable):_____

Event Coordinator Name:_____Phone:_____

Operation Start Date/Time: _____ Requested Inspection Date/Time: _____

Operation End Date/Time:_____

Type of procedures to be performed (check all that apply).
____Tattooing (including cosmetic tattooing)
____Body Piercing
____Branding

Check Desired Inspection(s)

	$60	Temporary License Inspection of Independent Unit (14 days or less at a fixed location)
	$30	Temporary License Inspection at Shared Resource Event (14 days or less at a fixed location)

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

Mailing Address:	**Physical Address:**
Public Health – Muskegon County	Public Health – Muskegon County
1903 Marquette Ave, Suite S101	1903 Marquette Avenue – Door 23
Muskegon, MI 49442	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 #