



GRAND TRAVERSE COUNTY ENVIRONMENTAL HEALTH
BODY ART ESTABLISHMENT APPLICATION
\$150

Date of application: _____ Initial Renewal

Establishment name: _____

Establishment address: _____

City: State: Zip: _____

Establishment phone number: _____ Email: _____

Establishment mailing address: _____

City: State: Zip: _____

Owner's name: _____ Phone number: _____

Owner's home mailing address: _____

City: State: Zip: _____

Owner's signature: _____

LICENSE FEE PAYABLE WITH APPLICATION

Items below this line to be completed by Grand Traverse County Environmental Health Division

OFFICE USE ONLY

Receipt Date: _____ Receipt #: _____ Initials: _____

Plan review: Yes N/A

Receipt Date: _____ Receipt #: _____ Amount: \$150.00

Approved: _____ Date letter mailed: _____

Pending additional information: _____ Date letter mailed: _____

Not approved: _____ Date letter mailed: _____