

REQUEST FOR BODY ART FACILITY INSPECTION SERVICES

PUBLIC HEALTH - MUSKEGON COUNTY
 ENVIRONMENTAL HEALTH DIVISION
 209 E. APPLE AVENUE, MUSKEGON, MI 49442
 PHONE:(231)724-4406 FAX:(231)724-1251 www.muskegonhealth.net

Receipt #	
Date Received	
Amount Received	
Cash/Check	
Received By	

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)

***Make checks payable to: Public Health Muskegon County**

	\$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)

*PAYMENT REQUIRED PRIOR TO INSPECTION

*FEES ARE NONREFUNDABLE

*Inspections are good for one year and must be conducted annually in order to keep a valid license with the Michigan Department of Health and Human Services.

*A pre-opening inspection is required for a change of ownership or a new facility. An inspection by an authorized local health department representative is required prior to operation indicating the facility meets the "Michigan Department of Health and Human Services Requirements for Body Art Facilities."

I hereby certify that the above statements are true and correct, and I agree to comply with the provisions of the "Michigan Department of Health and Human Services Requirements for Body Art Facilities," and understand that the PHMC Health Officer from or their representative may enter the premises of the above listed facility for inspection purposes.

 Signature Authority: Title Date