

Western Upper Peninsula Health Department  
Environmental Health Division

**Application for a Body Art Establishment Permit**

(If partnership or corporation, include names and resident addresses of all partners, officers, and directors, and the name of its resident agent)

**Establishment Name** \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Owner Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Residence Telephone Number \_\_\_\_\_

Days and Hours of Operation \_\_\_\_\_

Describe the Body Art Procedures Performed

\_\_\_\_\_

Names of Body Art Technician(s)

Name \_\_\_\_\_ Duties Performed \_\_\_\_\_

Name \_\_\_\_\_ Duties Performed \_\_\_\_\_

Name \_\_\_\_\_ Duties Performed \_\_\_\_\_

**Owner's name and signature** \_\_\_\_\_ **Date** \_\_\_\_\_

FOR HEALTH DEPARTMENT USE ONLY

Annual \$225.00 Permit Fee Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_

Plans Submitted \_\_\_\_\_ \$285 Plan Review Fee Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_

Plans Approved \_\_\_\_\_ Incomplete \_\_\_\_\_ **Permit: Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_

Health Department Representative \_\_\_\_\_ Date \_\_\_\_\_