



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

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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

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**OFFICE USE ONLY**

Receipt Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Initials: \_\_\_\_\_