

KENT COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH
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Adam London, RS, MPA
Administrative Health Officer

APPLICATION FOR BODY ART FACILITY INSPECTION

Name of Facility: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Facility Telephone: _____ Fax: _____

Email Address: _____

Manager's Name: _____ Telephone: _____

Name of Owner/Operator: _____

Mailing Address (If Different from Facility Address): _____

City: _____ State: _____ Zip: _____

TYPE OF PROCEDURES PERFORMED (Check all that apply)

Tattooing (Includes Cosmetic Tattooing) Body Piercing Branding Scarification

Hours of Operation: _____

I hereby certify that the above statements are true and correct and I agree to comply with the provisions of the Michigan Department of Community Health Requirements for Body art Facilities and hereby authorize the Kent County Health Department to enter on the premises of the above name facility for inspection purposes.

Signature

Title

FEE INFORMATION – Fees must be paid before license is issued. Fees are non-refundable.

Annual Inspection Fee: \$300.00

Health Department Use Only

Date Paid: _____ Amount Received: _____ Receipt No: _____ Check No: _____ Initials: _____