

APPLICATION FOR APPROVAL REVIEW
OF TATTOO AND BODY PIERCING ESTABLISHMENTS

OPERATION NAME _____

ADDRESS _____

CITY/VILLAGE/TOWNSHIP _____ ZIP _____

PHONE NUMBER OF OPERATION _____

NAME OF OPERATOR _____

ADDRESS _____

CITY/VILLAGE/TOWNSHIP _____ STATE _____ ZIP _____

PHONE NUMBER OF OPERATOR _____

NAME OF CORPORATION/ASSOCIATION/PARTNERSHIP _____

NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL PERSONS HAVING AN OWNERSHIP
INTEREST OF FIVE PERCENT OR MORE IN THE CORPORATION/ASSOCIATION/PARTNERSHIP

MAILING ADDRESS FOR APPROVAL NOTIFICATION AND RENEWAL

TOTAL SIZE OF OPERATION IS _____ SQ. FT.

ANTICIPATED DATE FOR STARTING CONSTRUCTION _____

ANTICIPATED DATE FOR STARTING OPERATION _____

ANTICIPATED HOURS OF OPERATION _____

PLEASE CHECK TYPE OF APPROVAL REQUESTED

____ TATTOOING SERVICES (FEE \$ _____)

____ BODY PIERCING SERVICES (FEE \$ _____)

____ COMBINED TATTOOING/BODY PIERCING (FEE \$ _____)

____ TIME-LIMITED EVENT (FEE \$ _____)

IF A TIME LIMITED EVENT, NAME AND ADDRESS OF THE EVENT _____

DATE AND TIME OF EVENT _____