

# REQUEST FOR BODY ART FACILITY INSPECTION SERVICES

PUBLIC HEALTH - MUSKEGON COUNTY  
 ENVIRONMENTAL HEALTH DIVISION  
 209 E. APPLE AVENUE, MUSKEGON, MI 49442  
 PHONE:(231)724-6208 FAX:(231)724-1251 [www.muskegonhealth.net](http://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 Community Health.

\*A pre-opening inspection is required for a change of ownership or a new facility. An inspection by an authorized local health department representative indicating the facility meets the Michigan Department of Community Health Requirements for Body Art Facilities is required prior to 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 Health and Human Services Requirements for Body Art Facilities, and understand that the Health Officer from Public Health Muskegon County or their representative may enter the premises of the above listed facility for inspection purposes.**

\_\_\_\_\_  
Signature
Title
Date