



GRAND TRAVERSE COUNTY ENVIRONMENTAL HEALTH BODY ART OPERATOR APPLICATION \$75

NOTICE TO APPLICANT FOR OPERATOR LICENSE:

*Before engaging in the practice of Body Art in Grand Traverse County,
You must have obtained a license as required in the Grand Traverse Ordinance.*

Date of application: _____ Birthdate: _____ Gender: _____

Applicant's name: _____ Phone: _____

Residence address: _____

City: State: Zip: _____

Mailing address: _____

City: State: Zip: _____

Email: _____

Training and/or experience: _____

Applicant's signature: _____

Name of establishment(s) to be working: _____

Establishment address: _____

City: State: Zip: _____ Phone: _____

Business owner's signature: _____

LICENSE FEE PAYABLE WITH APPLICATION

Items below this line to be completed by Grand Traverse County Environmental Health Division

OFFICE USE ONLY

Copy of ID

Copy of Bloodborne Pathogen Training

Receipt Date: _____

Receipt #: _____

Initials: _____