



**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: _____