



**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: \_\_\_\_\_