



License Number: _____

Date of Last Spore
Test and Results: _____

APPLICATION FOR TEMPORARY BODY ART ESTABLISHMENT LICENSE

TO OPERATE A BODY ART ESTABLISHMENT IN OAKLAND COUNTY AS REQUIRED BY
THE OAKLAND COUNTY SANITARY CODE, ARTICLE VII
LICENSES ARE NOT TRANSFERABLE AS TO PERSON OR PLACE

Name of Temporary Establishment:	Address of Temporary Body Art Establishment:	City, Village, or Township:	State:	Zip:
Operation Starts (Date, Time):		Operation Ends (Date, Time):		Temporary Establishment Telephone Number:
Name of the Owner (Last, First, M.I.):	Home Address:	City, Village, or Township:	State:	Zip:
List all Services to be Offered to Public:				
I hereby certify that the above information is accurate and complete:				
_____ Signature of Owner or Authorized Agent		_____ Print Name of Owner or Authorized Agent		_____ Date
_____ Signature of Health Division Representative		_____ Date		

OAKLAND COUNTY HEALTH DIVISION

NOHC, 1200 N. Telegraph Road, Bldg. 34E, Pontiac, MI 48341
SOHC, 27725 Greenfield Road, Southfield, MI 48071

(248) 858-1280
(248) 424-7000

FEE \$ _____

Establishment License	\$ 150
Annual Practitioner Permit	\$ 100
Temporary Practitioner Permit	\$ 75
Plan Review	\$ 75
Temporary License	\$ 50
Reinspection Fee	\$ 55

TEMPORARY LICENSE APPLICATION