



# BODY ART LICENSE APPLICATION

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES  
ENVIRONMENTAL HEALTH & FOOD SAFETY SECTION

License Fees: \*\*\* Please submit a separate application for each tattooing and piercing license \*\*\*

☐ Tattooing (Including Cosmetic Tattooing) - \$135 ☐ Body Piercing - \$135 ☐ Ear Lobe Piercing Only - \$75

PLEASE PRINT

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

Licensee (Operator/Owner) Name: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Location Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Telephone: (\_\_\_\_) \_\_\_\_\_ Contact FAX: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

*I hereby certify that the information I have supplied above is true and correct.*

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Regulatory authority must submit applications with fees to DPHHS/EHFSS.  
DPHHS will not accept license applications directly from applicants.**

**This Section is to be completed and signed by the Regulatory Authority Only!**

Type of Establishment: (Check all that apply)

- |                                             |                                                                            |
|---------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Tattooing          | <input type="checkbox"/> Body Piercing                                     |
| <input type="checkbox"/> Cosmetic Tattooing | <input type="checkbox"/> Ear Lobe Piercing Only                            |
| <input type="checkbox"/> Mobile             | <input type="checkbox"/> Temporary (Not more than 14 days at one location) |
| <input type="checkbox"/> Permanent Building | Dates open _____ to _____                                                  |

Water Supply:

- ☐ Public, PWSID # \_\_\_\_\_  
☐ Private, Test Results Satisfactory? ☐ Yes ☐ No

Previously Licensed: ☐ No ☐ Yes Former name of Establishment: \_\_\_\_\_

Previous License Number: \_\_\_\_\_ Last Calendar Year Licensed: \_\_\_\_\_

License Limitations and Restrictions: \_\_\_\_\_

*(The above statement will appear on the printed license identifying restriction with this license)*

SIGNATURE OF REGULATORY AUTHORITY: \_\_\_\_\_

*(Signature verifies compliance with applicable statutes and rules for this establishment – 50-48, 75-10-10 & 45-5-623 MCA & ARM 37.112.1)*

PRINTED NAME OF REGULATORY AUTHORITY: \_\_\_\_\_

DATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

\*\*\*\*\* Please do NOT staple check or money order to license application \*\*\*\*\*

EHFS April 2023