

BODY ART LICENSE APPLICATION

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

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)	License Fees: *** Please submit a separate application for each tattooing and piercing license ***		
Licensee (Operator/Owner) Name: Establishment Name: Establishment Location Address: City:	☐ Tattooing (Including Cosmetic Tatto	oing) - \$135 🔲 Body Piercing - \$135 🖟 Ear Lobe Piercing Only - \$75	
Establishment Location Address: City:		PLEASE PRINT Check #: Amount:	
Establishment Location Address: City:	Licensee (Operator/Owner) Name:		
City:	Establishment Name:		
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) Cosmetic Tattooing Body Piercing Body Piercing Body Piercing Permanent Building Body Piercing Temporary (Not more than 14 days at one location) Permanent Building Dates open to Dates open to Previously Licensed: No Yes Former name of Establishment: Water Supply: Public, PWSID # Drivate, Test Results Satisfactory? Yes No Previously Licensed: No Yes Former name of Establishment: 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 37-112-11 PRINTED NAME OF REGULATORY AUTHORITY:	Establishment Location Address:		
City:	City:	Zip Code: County:	
Contact Telephone: Contact FAX: Email:	Mailing Address (If different from above):		
Commetice Tattooing	City:	State: Zip Code:	
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) Tattooing Cosmetic Tattooing Ear Lobe Piercing Permanent Building Body Piercing Ear Lobe Piercing Only Temporary (Not more than 14 days at one location) Permanent Building Dates open to Water Supply: 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:	Contact Telephone: ()	Contact FAX: () Email:	
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) Tattooing Cosmetic Tattooing Body Piercing Ear Lobe Piercing Only Mobile Permanent Building Water Supply: Public, PWSID # Private, Test Results Satisfactory? Yes No Previously Licensed: No Yes Former name of Establishment: Temporary (Not more than 14 days at one location) Dates open to Private, Public, PWSID # Previously Licensed: No Yes Former name of Establishment: Iticense 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 37.112.11) PRINTED NAME OF REGULATORY AUTHORITY:	I hereby certify that the information I have supplied above is true and correct.		
This Section is to be completed and signed by the Regulatory Authority Only! Type of Establishment: (Check all that apply) Type of Establishment: (Check all that apply) Tattooing Cosmetic Tattooing Permanent Building Temporary (Not more than 14 days at one location) Dates open Temporary (Not more than 14 days at one location) Dates Open Temporary (Not more than 14 days at one location) Temporary (Not more than 14 days at one location) Dates Open Temporary (Not more than 14 days at one location) Dates Open Temporary (Not more than 14 days at one location) Temporary (Not more than 14 days at one location) Dates Open Temporary (Not more than 14 days at one location) Temporary (Not more than 14 days at one location) Temporary (Not more than 14 days at one location) Temporary (Not more than 14 days at one location) Tempo	Licensee Signature:	Date:	
This Section is to be completed and signed by the Regulatory Authority Only! Type of Establishment: (Check all that apply) Tattooing Tattooing Cosmetic Tattooing Dear Lobe Piercing Only Temporary (Not more than 14 days at one location) Permanent Building Water Supply: Private, Test Results Satisfactory? Yes No Previously Licensed: No Yes Former name of Establishment: Previous License Number: Last Calendar Year Licensed: (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:	Regulatory authority (must submit applications with fees to DDHHS/FHESS	
Type of Establishment: (Check all that apply) Tattooing			
Type of Establishment: (Check all that apply) Tattooing	1		
Type of Establishment: (Check all that apply) Tattooing	This Section is to be completed and signed by the Regulatory Authority Only!		
Tattooing		. tompresed and signed wy the negatives, y name only emy.	
Cosmetic Tattooing	_	☐ Body Piercing	
Permanent Building Dates open	<u> </u>	☐ Ear Lobe Piercing Only	
Water Supply: Public, PWSID #			
□ 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: □	Water Sunniv		
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:			
Previous License Number: Last Calendar Year Licensed:		Yes □ No	
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:	Previously Licensed: □ No □ Yes Former name of Establishment:		
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:			
(The above statement will appear on the printed license identifying restriction with this license) SIGNATURE OF REGULATORY AUTHORITY:	Previous License Number:	Last Calendar Year Licensed:	
SIGNATURE OF REGULATORY AUTHORITY:	License Limitations and Restrictions:		
SIGNATURE OF REGULATORY AUTHORITY:			
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:	(The above statement will appear on the printed license identifying restriction with this license)		
(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:			
PRINTED NAME OF REGULATORY AUTHORITY:	SIGNATURE OF REGULATORY AUTHORITY:		
	(Signature verifies cor	mpliance with applicable statutes and rules for this establishment – 50-48, 75-10-10 & 45-5-623 MCA & ARM 37.112.1)	
DATE: COUNTY:	PRINTED NAME OF REGULATORY AUTHORITY:		
	DATE:	COUNTY:	