

CITY OF STERLING HEIGHTS
BODY ART FACILITY LICENSE

SUBMIT TO: CITY CLERK
CITY OF STERLING HEIGHTS
40555 UTICA ROAD
P.O. BOX 8009
STERLING HEIGHTS, MI 48311-8009

Applicant Information:

Full Name _____ Age _____ Date of Birth _____

Address _____

Telephone number _____

Michigan Driver's License No. _____

If Applicant is an Association or Corporation:

Full Name _____

Address _____

Date and State of Incorporation: _____

Full Name of Resident Agent: _____

Address of Resident Agent: _____

Attach a copy of the certificate from the state of incorporation indicating that the corporation is in good standing. If a limited liability company, give the full name and the official address thereof with the date and state of organization, the full name and address of the members and of the resident agent, and attach to the application a copy of the certificate from the state of organization indicating that the company is in good standing.

Full name of all other owners, copartners, officers and directors and, if a closely held corporation, all shareholders, or, if a limited liability company, all managers and members. A closely held corporation shall include any corporation having complete stock ownership in 20 or less persons.

(attach additional sheets as needed)

Location of Proposed Body Art Facility:

Full name and addresses of all persons to be employed in the operation of the business:

Each individual listed above must complete the attached affidavit and submit it with this application along with a copy of his/her driver's license.

I, _____, do hereby solemnly swear or affirm that all statements contained in this application are true and correct to the best of my knowledge, information and belief.

Signature of Applicant _____

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public

_____ County, Michigan

My commission expires: _____

**AFFIDAVIT
OWNERS, COPARTNERS, OFFICERS AND DIRECTORS OF FACILITY**

I hereby swear or affirm that I have not been convicted of or pled guilty or no contest to a felony or any moral turpitude offense within ten years prior to the date of the application, have not been convicted of any other criminal acts within five years prior to the date of the application, have never been convicted of or pled guilty or no contest to a violation of state or local law relating to body art facilities or the services performed therein; and have never had a license or permit to operate a body art facility denied, suspended, or revoked.

SIGNATURE

TYPE OR PRINT NAME

DATE

STATE OF MICHIGAN
COUNTY OF MACOMB

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public

County, Michigan

Acting in _____ County

My commission expires: _____

(Note: each owner, copartner, officer and/or director must submit a separate form – may be photocopied as necessary)

**AFFIDAVIT
INDIVIDUALS EMPLOYED AT BODY ART FACILITY**

I hereby swear or affirm that I have not been convicted of or pled guilty or no contest to a felony or any moral turpitude offense within ten years prior to the date of the application, have not been convicted of any other criminal acts within five years prior to the date of the application, have never been convicted of or pled guilty or no contest to a violation of state or local law relating to body art facilities or the services performed therein.

SIGNATURE

TYPE OR PRINT NAME

DATE

STATE OF MICHIGAN
COUNTY OF MACOMB

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public

Acting in _____ County

My commission expires: _____

(Note: each individual employed at the facility must submit a separate form – may be photocopied as necessary. A copy of each individual's driver's license must be attached)

Documents which must be attached to this application or submitted before license will be issued:

- _____ The applicant shall pay to the Treasurer an annual license fee in the amount of **\$610.00 (non-refundable)**
- _____ Copy of license issued by the Department of Community Health as required by state law **(must be attached or submitted before license will be issued)**
- _____ Copy of inspection report from Macomb County Health Department **(must be attached or submitted before license will be issued)**
- _____ Copy of applicant's Michigan Driver's license.
- _____ Copy of lease or deed for proposed location.

Approval must be obtained from the following departments before issuance of license:

- _____ Building Department Approval, date: _____
- _____ Fire Department Approval, date: _____
- _____ Police Department Approval, date: _____
- _____ Planning/Zoning Department Approval, date: _____
- _____ Treasury Department Approval, date: _____
- _____ Date License issued _____
- _____ Notification to departments when license has been issued

License No: _____

License Expiration Date: _____

Issued by: _____

Approved by: _____