

**CITY OF STERLING HEIGHTS**  
**RENEWAL OF BODY ART FACILITY LICENSE**

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

**Business Information:**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Applicant Information:**

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residence 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: \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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**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.

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SIGNATURE

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TYPE OR PRINT NAME

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DATE

STATE OF MICHIGAN  
COUNTY OF MACOMB

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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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:**

- \_\_\_\_\_ The applicant shall pay to the Treasurer an annual license fee in the amount of **\$610.00**.
- \_\_\_\_\_ Copy of license issued by the Department of Community Health as required by state law.
- \_\_\_\_\_ Copy of inspection report from Macomb County Health Department.
- \_\_\_\_\_ Copy of applicant's Michigan Driver's license.
- \_\_\_\_\_ Affidavit signed by each employee along with copy of their Michigan Driver's license

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