



BODY ART LICENSE APPLICATION

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
FOOD & CONSUMER SAFETY SECTION – 406.444.2408

License Fees:	<input type="checkbox"/> Tattooing (Including Cosmetic Tattooing) - \$135	<input type="checkbox"/> Body Piercing - \$135
	<input type="checkbox"/> Both Tattooing and Body Piercing - \$270	<input type="checkbox"/> Ear Lobe Piercing Only - \$75

PLEASE PRINT

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: (____) _____

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/FCSS.
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:

- City/Municipal
- Public (Non-Municipal), PWSID # _____
- Private, Test Results Satisfactory? Yes No

Sewage Treatment:

- Public, DEQ # _____
- Private, Permit # _____

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: _____