

**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.

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(attach additional sheets as needed)

Location of Proposed Body Art Facility:

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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.

\_\_\_\_\_  
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 **\$660.00 (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
- \_\_\_\_\_ Fingerprints of applicant, all owners, copartners, officers, and directors, and, if 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.
- \_\_\_\_\_ 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: \_\_\_\_\_