

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.

Body Art Facility Renewal
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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:

- _____ The applicant shall pay to the Treasurer an annual license fee in the amount of **\$660.00**.
- _____ 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: _____