



**SAGINAW COUNTY DEPARTMENT OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH SERVICES
 1600 N. Michigan Avenue ♦ Saginaw, Michigan 48602
 Phone: (989) 758-3686 ♦ Fax: (989) 758-3711**

**APPLICATION FOR ENVIRONMENTAL HEALTH INSPECTION
 Body Art**

..... Please Type or Print Legibly

Facility Name: _____

Contact Name: _____

Address: _____

Township: _____

Phone Number: _____

License Number: _____

Type of Facility *(check all that apply):*

- Tattoo** **Body Piercing** **Scarification/Branding**

Type of Inspection Requested: **Pre-Opening** **Annual**

Hours of Operation:

- Monday** _____
- Tuesday** _____
- Wednesday** _____
- Thursday** _____
- Friday** _____
- Saturday** _____

..... For Health Department Use Only

Date Received ____ / ____ / ____ **Receipt No.** _____ **Inspection Fee** _____

Environmental Health Specialist Assigned _____