

This application is for a: First time license Renewal of current license

License will be for a (check one): Tattooist-\$50 Body Piercer-\$40 Tattoo Apprentice (limited to one year) - \$30

APPLICANT INFORMATION

First Name: _____ Middle: _____ Last: _____

Home Address: _____ Contact #: _____

City, State, Zip: _____ Date of birth: _____

Gender: _____ Height: _____ Weight: _____ Eye color: _____ Hair color: _____

List any criminal convictions (list jurisdiction, offense and circumstances. If necessary, use separate sheet): _____

List previous licenses held in Port Huron or elsewhere (also include any that were denied, revoked or suspended and the reason): _____

List similar work experience: _____

Read and initial each statement:

_____ I hereby affirm that all other required licenses from the county and/or state have been or will be obtained and that I am fully aware of local, state and federal laws as they apply to this license and agree to comply with such laws.

_____ I hereby declare that under penalty of perjury the information contained in this application is true and correct.

_____ I hereby authorize the City and its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and my qualifications for the license.

_____ I understand that this is an application and that I cannot engage in business until I have obtained the proper license from the City Clerk's office.

Applicant's Signature

Date

EMPLOYER INFORMATION

You must be employed/sponsored for employment by a licensed tattoo business in order to obtain a valid license:

Employer's business name: _____

Address: _____

I hereby certify that the above-named applicant is an employee or independent contractor working in my establishment or upon issuance of license will be employed in my establishment.

Employer's Signature

Date

(More on next page)

PERSONAL REFERENCES

List several references and provide addresses (no relatives or business associates):

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

SUBMISSION OF APPLICATION

The following items must accompany your completed application:

___ Appropriate annual licensing fee, which is nonrefundable (check the appropriate license):

Tattooist License - \$50

Body Piercer License - \$40

Tattoo Apprentice License - \$30 (this license is limited to 12 months and cannot be renewed)

___ Copy of current driver’s license or personal identification card

___ Valid health certificate completed by a Physician (form is attached)

___ Certificate of completion of a “Blood Borne Pathogen” course (not required if this is a renewal)

Submit your application and the above items to the following address:

Office of the City Clerk
100 McMorran Boulevard
Port Huron, MI 48060

INFORMATION OR QUESTIONS

For additional information or to answer any questions, contact the City Clerk’s office at (810) 984-9725, Ext 0. Additional forms can be found on the City’s website at www.porthuron.org.

Below for office use only

	Approved by:	Date
Included with application:	Police Chief: _____	
___ All items above submitted	Treasurer: _____	
___ Amount of license fee paid	Inc. Tax. Adm.: _____	
___ Date license fee paid	City Clerk: _____	

City of Port Huron, Michigan HEALTH CERTIFICATE

(This certificate is valid for one year only)

Date Issued: _____

PATIENT INFORMATION

This section completed by patient:

Name: _____

Date of birth: _____

Residing at: _____

City/state/zip: _____

Gender: _____ Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Employed by: _____ As a: _____
Name of establishment/employer Tattooist, Body Piercer or Tattoo Apprentice

If shall be unlawful for any person to knowingly make any false, fraudulent or untruthful statement, either written or oral, to any examining physician, or in any way knowingly to conceal any material fact from such physician, or to give or use any fictitious name in order to secure or aid in securing a health certificate required by the Port Huron City Code. Any health certificate so secured shall be void.

Patient's Signature

Date

PHYSICIAN'S INFORMATION

Physician initials statements below and completes the remainder of this section:

____ That the above-named individual was thoroughly examined for skin, eyes, ears, nose, mouth, throat, lungs and genital problems or abnormalities.

____ That the proper blood tests for syphilis, gonorrhea, herpes, HIV, AIDS, hepatitis and tuberculosis, and any other infectious or contagious blood borne diseases, were administered.

____ That the above-named individual was found free from any infectious or contagious blood-borne diseases in a transmittable condition.

Date of examination: _____

Blood Test results: _____

Physician's signature: _____

Printed name: _____

License #: _____

Business Address: _____

Office Phone #: _____