

This application is for a:  **New License** (\$250 Initial Annual License & Investigation Fee)  
 **Renewal of License** (\$150 Annually)

**BUSINESS INFORMATION**

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of ownership (individual, partnership, corporation, etc.): \_\_\_\_\_

List all owners of this business: \_\_\_\_\_

List all services provided: \_\_\_\_\_

Name of person principally in charge of the day-to-day business: \_\_\_\_\_

List all employees and their position (use separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OWNER(S) INFORMATION**

**All owners must provide the following information** (use separate sheet if necessary):

Full name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

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

\_\_\_\_\_

List similar business experience: \_\_\_\_\_

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

\_\_\_\_\_

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**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 and agree to comply with all local, state and federal laws as they apply to this license.

\_\_\_\_\_ 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.

\_\_\_\_\_  
Owner's Signature Date

**(More on next page)**

**SUBMISSION OF APPLICATION**

The following items must accompany your completed application:

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

**Initial Annual License & Investigation Fee - \$250**

**Annual Renewal - \$150**

\_\_\_\_\_ Copy of current driver’s license or personal identification card

\_\_\_\_\_ An individual license is required if owner is tattooing or doing body piercings. Following is also required:

\_\_\_\_\_ Valid health certificate completed by a Physician (form is attached) for owners who are tattooists or body piercer

\_\_\_\_\_ 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 website at [www.porthuron.org](http://www.porthuron.org).

**(Below for office use only)**

	<b>Approved by:</b>	<b>Date</b>
<b>Included with application:</b>	Police Chief: _____	
_____ All items above submitted	Treasurer: _____	
_____ Amount of license fee paid	Inc. Tax Adm.: _____	
_____ Date license fee paid	Fire Chief: _____	
	Planning Dir.: _____	
	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 #: \_\_\_\_\_

## ADDITIONAL OWNERS

Full name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List similar business experience:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

Full name: \_\_\_\_\_ Contact # \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

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Address: \_\_\_\_\_

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Owner's Signature

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Date