



BODY ART LICENSE APPLICATION

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
ENVIRONMENTAL HEALTH & FOOD SAFETY SECTION

License Fees: *** Please submit a separate application for each tattooing and piercing license ***

☐ Tattooing (Including Cosmetic Tattooing) - \$185 ☐ Body Piercing - \$185 ☐ Ear Lobe Piercing Only - \$125

PLEASE PRINT

Check #: _____ Amount: _____

Licensee (Operator/Owner) Name: _____

Establishment Name: _____

Establishment Location Address: _____

City: _____ Zip Code: _____ County: _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip Code: _____

Contact Telephone: (____) _____ Contact FAX: (____) _____ Email: _____

I hereby certify that the information I have supplied above is true and correct.

Licensee Signature: _____ Date: _____

**Regulatory authority must submit applications with fees to DPHHS/EHFSS.
DPHHS will not accept license applications directly from applicants.**

This Section is to be completed and signed by the Regulatory Authority Only!

Type of Establishment: (Check all that apply)

- | | |
|---|--|
| ☐ Tattooing | ☐ Body Piercing |
| ☐ Cosmetic Tattooing | ☐ Ear Lobe Piercing Only |
| ☐ Mobile | ☐ Temporary (Not more than 14 days at one location) |
| ☐ Permanent Building | Dates open _____ to _____ |

Water Supply:

- ☐ Public, PWSID # _____
☐ Private, Test Results Satisfactory? ☐ Yes ☐ No

Previously Licensed: ☐ No ☐ Yes Former name of Establishment: _____

Previous License Number: _____ Last Calendar Year Licensed: _____

License Limitations and Restrictions: _____

(The above statement will appear on the printed license identifying restriction with this license)

SIGNATURE OF REGULATORY AUTHORITY: _____

(Signature verifies compliance with applicable statutes and rules for this establishment – 50-48, 75-10-10 & 45-5-623 MCA & ARM 37.112.1)

PRINTED NAME OF REGULATORY AUTHORITY: _____

DATE: _____ COUNTY: _____

***** Please do NOT staple check or money order to license application *****

EHFS April 2023