



LICENSE RENEWAL for Body Art Establishments and Body Artists

Licensee Legal Name: _____

Licensee Other Name(s): _____

Establishment Name: _____

Establishment Address: _____

Mailing Address (if different from Establishment Address): _____

E-Mail Address: _____

Business Phone: _____ Mobile Phone: _____

Artists/Apprentices – PROVIDE CURRENT COPIES OF TRAINING CERTIFICATES.

Bloodborne Pathogen Training expiration date: _____

Basic First Aid Training expiration date: _____

Establishment Owners - List all *artists/apprentices working in your establishment: _____

***Each artist/apprentice must complete a separate application.**

Licensee Signature _____ Date: _____

I agree to follow all rules contained in Rule #5 and understand violation of said Rule may result in license cancellation or other civil or criminal penalties, pursuant to 40-48-108 MCA

Renewal Fees – check all that apply

- Establishment License (\$100)
- Artist License (\$75)
- BOTH - Establishment License and Artist License (\$175)
- Late fee (\$25) if paid AFTER December 31.

PAYMENT INFORMATION

AMOUNT ENCLOSED: _____

CREDIT CARD PAYMENT

CARD HOLDER NAME: _____

CARD NUMBER: _____ **AMOUNT PAID:** _____

EXPIRATION DATE: _____ **3 DIGIT SECURITY CODE:** _____

SIGNATURE: _____ **ZIP CODE:** _____

Submit renewal application, payment and current training certificates to
RiverStone Health, 123 S 27th St, Billings MT 59101
Environmental.hea@riverstonehealth.org

