



LICENSE RENEWAL for Body Art Establishment and Body Artists

Licensee Legal Name: _____
 Licensee Name as You Want it to Appear on License: _____
 License Number as it Appears on Current License: _____
 Establishment Name: _____
 Establishment Address: _____
 Mailing Address (if different than establishment address): _____
 E-Mail Address: _____
 Business Phone: _____ Mobile Phone: _____

Artists/Apprentices – PROVIDE EXPIRATION DATES OF CURRENT TRAINING CERTIFICATES

Bloodborne Pathogen Training expiration date: _____
Basic First Aid Training expiration date: _____
Date of most recent inspection within the current calendar year: _____
Your Inspector will confirm documentation at your next inspection.

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

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

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,

Licensee Signature: _____ **Date:** _____

Renewal Fees – check all that apply

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

PAYMENT INFORMATION

Check or Money Order-Amount Enclosed: _____

Credit/Debit Card-Amount Paid: _____

Cardholder Name (exactly as it appears on card): _____

Card Number: _____ **3 Digit CVV #** _____

Expiration Date: _____ **Zip Code (associated with card):** _____

Authorized Signature: _____

Submit completed renewal application form and payment to:

RiverStone Health Environmental Health Services

123 South 27th Street, Billings, MT 59101

Environmental.hea@riverstonehealth.org

406.256.2770