A logo for a health care company

Description automatically generated

**LICENSE RENEWAL**

**for Body Art Establishment and Body Artists**

Licensee Legal Name Click or tap here to enter text.

Licensee Name as You Want it to Appear on License Click or tap here to enter text.

License Number as it Appears on Current License Click or tap here to enter text.

Establishment Name Click or tap here to enter text.

Establishment Address Click or tap here to enter text.

Mailing Address (if different than establishment address) Click or tap here to enter text.

E-Mail AddressClick or tap here to enter text.

Business Phone Click or tap here to enter text. Mobile Phone Click or tap here to enter text.

**Artists/Apprentices – PROVIDE EXPIRATION DATES OF CURRENT TRAINING CERTIFICATES**

**Bloodborne Pathogen Training expiration date** Click or tap to enter a date.

**Basic First Aid Training expiration date** Click or tap to enter a date.

**Your Inspector will confirm documentation at your next inspection.**

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

Click or tap here to enter text.

**\*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 Click or tap here to enter text. Date Click or tap to enter a 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** Click or tap here to enter text.

**Credit/Debit Card-Amount Paid** Click or tap here to enter text.

**Cardholder Name (exactly as it appears on card)** Click or tap here to enter text.

**Card Number** Click or tap here to enter text. **3 Digit CVV #** Click or tap here to enter text.

**Expiration Date** Click or tap here to enter text.

**Zip Code (associated with card)** Click or tap here to enter text.

**Authorized Signature** Click or tap here to enter text.

Submit completed renewal application form and payment to:

**RiverStone Health Environmental Health Services**

**123 South 27th Street, Billings, MT 59101**

[**Environmental.hea@riverstonehealth.org**](mailto:Environmental.hea@riverstonehealth.org)

**406.256.2770**