



# MESA COUNTY HEALTH DEPARTMENT

Working Together for a Healthy Community

P.O. Box 20,000  
Grand Junction, CO 81502-5033  
(970) 248-6900  
www.health.mesacounty.us

## Body Art Certificate of Inspection Application

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Site Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

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

Type of Certificate:  New: \$100     Renewal: \$100     Temporary/Mobile: \$200

Facility Mailing Address (if different from street address above)

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

Home Phone Number: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Note:** Our database requires two separate addresses; the **facility address** and **owner mailing address**.

Name of Owner: \_\_\_\_\_

Mailing Address of Owner (for certificate mailings): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Type of Ownership:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Individual                            | <input type="checkbox"/> Estate                        | <input type="checkbox"/> Association      |
| <input type="checkbox"/> General Partnership                   | <input type="checkbox"/> Trust                         | <input type="checkbox"/> Joint Venture    |
| <input type="checkbox"/> Limited Liability Company             | <input type="checkbox"/> Non-profit 501(c)(3)          | <input type="checkbox"/> Government       |
| <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Other Non-profit |
| <input type="checkbox"/> "S" Corporation                       | <input type="checkbox"/> Limited Liability Partnership |   |
|  | <input type="checkbox"/> Corporation                   |   |

_____ Signature of Owner or Authorized Agent	_____ Title	_____ Date
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