

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH APPLICATION FOR A BODY ART FACILITY LICENSE

Before a license to operate is granted the Health Department requires that an existing facility or new facility must go through PLAN REVIEW, which is conducted by the local health department responsible for conducting inspections in your jurisdiction. Visit www.michigan.gov/bodyart for more information. Licenses are not transferable.

Effective Jan. 1, 2011

DATE / /				(COUNTY
NAME OF FACILITY					
STREET ADDRESS					
CITY / TOWN	STA	TE	ZIP CODE _		
FAX NUMBER	NUMBER EMAIL ADDRESS:				
NAME OF OWNER (as appear	rs on license.)				
MAILING ADDRESS (IF DIF	FERENT)				
CITY / TOWN			CODE		
FEDERAL ID#					
MANAGER'S NAME					
TELEPHONE NUMBER					
TYPE OF PROCEDURES PER TATTOOING (includes Cos				BRA	ANDING
HOURS OF OPERATIONS:					
	MONDAY				Check here if
	TUESDAY	am to	pm		by
WEDNESDAY THURSDAY FRIDAY					appointment only.
S	ATURDAY	_ am to	pm		
TEMPORARY BODY ART FA	ACILITIES:				
CTADT DATE: / /	EN	D DATE:	/ /		

	ODY ART LOCATION:				
ADDRESS:					
CITY:	COUNTY: ZIP:				
PHONE:	AFFILIATED LICENSE NUMBER: <u>BA-</u>				
License Fees:	 \$500.00 for a new annual or renewed Body Art Facility License \$250.00 for a new annual license applied for after July 1st \$150.00 for a temporary license (not to exceed 14 days) \$50.00 duplicate license fee for a current permanent licensee. \$250.00 late fee to a current licensee who fails to apply for renewal on or before December 1st in addition to the annual fee of \$500.00. 				
Fees must be paid	l before license is issued. Fees are non-refundable.				
	expire in the next calendar year from initial or renewed licensure unless orary body art establishment licenses which expire after 14 days.				
an authorized loc	sit is required for a new facility or change of ownership. An inspection by all health department representative indicating the facility meets the ment of Community Health Requirements for Body Art Facilities is operation.				
Body Art Establi	shments must also meet all local codes, ordinances or regulations.				
provisions of the Macilities, and here	at the above statements are true and correct, and I agree to comply with the Michigan Department of Community Health Requirements for Body Art eby authorize the County Health Officer, the State Health Officer, or their enter on the premises of the above name facility for inspection purposes.				
	Signed				
	Title				
MAIL COMPLET	TED APPLICATION FORM AND PAYMENT TO:				
DCH Acc PO Box 3					

Make checks, cashier's checks or money orders payable to "The State of Michigan".

Authority: P.A. 375 OF 2010. The Michigan Department of Community Health is an equal opportunity employer, services and programs provider.

licensure.

DCH - 1467 (12-22-10)