

License Number: _____

Body Art Facility Record

Full Legal Name of Body Art Facility: _____

Street Address: _____

Phone Number: (____)____ - _____

Emergency Contact Number: (____)____ - _____

Fax Number: (____)____ - _____

E-mail Address: _____

Hours of Operation:

Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____
Sunday	_____

Please indicate if there are days/times the body art facility is open only by appointment:

Please complete the following information for each owner/operator:

Full Legal Name: _____

Home Address: _____

Main Telephone: (____)____ - _____

Work Telephone: (____)____ - _____

E-mail _____

Please attach sheet for additional owners/operators.

Please provide a complete description of all tattooing, branding, and/or body piercing performed at the facility.

Examples: 1) Facility performs tattooing, but not body piercing. 2) Facility restricts performing body art on certain areas/parts of the body. 3) Facility performs surface piercing or microdermal implants in addition to general body piercing. 4) Facility performs strike branding, but not electrocautery. 5) Facility performs cosmetic/permanent makeup.

Additional Body Art Facility Forms/Information to be Maintained:

- A completed Body Art Facility Inventory Form, which should include a complete inventory of all instruments, body jewelry, sharps, and inks used for the tattooing, branding, or body-piercing performed at the body art facility
- A copy of the Michigan Department of Health and Human Services' *Requirements for Body Art Facilities*