



MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES 2021 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 ___ / ___ / ___ PERMANENT FACILITY COUNTY _____

IS THIS APPLICATION FOR A NEW FACILITY? YES or NO (please circle one)

RENWAL APPLICANTS: Please list the BA# as it appears on your current license BA-_____

NAME OF FACILITY _____

STREET ADDRESS _____

CITY / TOWN _____ STATE _____ ZIP CODE _____

FAX NUMBER _____ EMAIL ADDRESS: _____

NAME OF OWNER (as appears on license.) _____

MAILING ADDRESS (IF DIFFERENT) _____

CITY / TOWN _____ ZIP CODE _____

FEDERAL ID# _____

MANAGER'S NAME _____

OWNER'S PHONE # _____ FACILITY PHONE # _____

TYPE OF PROCEDURES PERFORMED- CHECK ALL THAT APPLY:
__ TATTOOING __ COSMETIC TATTOOING __ BODY PIERCING __ BRANDING

HOURS OF OPERATIONS: SUNDAY _____ am to _____ pm
MONDAY _____ am to _____ pm
TUESDAY _____ am to _____ pm
WEDNESDAY _____ am to _____ pm
THURSDAY _____ am to _____ pm
FRIDAY _____ am to _____ pm
SATURDAY _____ am to _____ pm

Check here if by appointment only.

FOR TEMPORARY BODY ART FACILITIES:

START DATE: ____/____/____

END DATE: ____/____/____

LOCATION OF TEMPORARY BODY ART FACILITY:

ADDRESS: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____

PHONE: _____ **LICENSE NUMBER IF MI AFFILIATED: BA-** _____

- LICENSE FEES:**
- ___ **\$550.44** for a **new annual** or **renewed** Body Art Facility License
 - ___ **\$275.22** for a **new annual** license applied for after July 1st
 - ___ **\$825.66** for a **new license applied for between Oct.1 and Dec. 31.**
 - ___ **\$165.11** for a temporary license (not to exceed **14** days)
 - ___ **\$ 55.02** duplicate license fee for a current permanent licensee.
 - ___ **\$275.22 late fee** to a current licensee who fails to apply for renewal on or before December 1st in addition to the renewal fee of **\$550.44.**

FEES MUST BE PAID BEFORE LICENSE IS ISSUED. FEES ARE NON-REFUNDABLE. RETURNED CHECKS CAN INCUR LATE LICENSE FEES.

NOTE: Licenses expire in the next calendar year from initial or renewed licensure unless licenses are temporary body art establishment licenses which expire after 14 days. License calendar years are 2016, 2017 etc. and not 365 days from application submit date. Body Art Facility applications are valid only for the applied calendar year fee.

A pre-opening visit is required for a new facility or change of ownership. An inspection by an authorized local health department representative indicating the facility meets the Michigan Department of Health and Human Services’ Health Requirements for Body Art Facilities is required prior to operation. Body Art establishments must also meet all local codes, ordinances or regulations.

I hereby certify that the above statements are true and correct, and I agree to comply with the provisions of the Michigan Department of Health and Human Services’ Requirements for Body Art Facilities, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to enter on the premises of the above name facility for inspection purposes.

Signed _____ Title _____

MAIL COMPLETED APPLICATION FORM AND PAYMENT TO:

The Michigan Department of Health and Human Services
DHHS Accounting
PO Box 30437
Lansing, MI 48909

Make checks, cashier’s checks or money orders payable to “The State of Michigan”.
Do not mail cash or fees without a filled in application form.

Authority: P.A. 375 OF 2010.
Completion: is voluntary but required for licensure.

The Michigan Department of Health and Human Services is an equal opportunity employer, services and programs provider.
DHHS – 1467 (10-1-2020)