

APPLICATION FOR A MICHIGAN BODY ART FACILITY LICENSE

Before a **new or initial** license to operate is granted the Health Department requires that a new facility must go through plan review, which is conducted by the local health department in your jurisdiction. Visit www.michigan.gov/bodyart for more information. DO NOT FILL OUT THIS APPLICATION UNTIL THE PLAN REVIEW IS COMPLETE. *LICENSES ARE NOT TRANSFERABLE*

NOTE: Licenses expire January 1st in the next calendar year from initial or renewed licensure unless licenses are temporary

		14 days. Licenses are calendar years not 365 days from appl nly for the applied calendar year fee.	icatio
	FACILITY COU a new Facility? YES or NO (Please		
IF RENEWAL	APPLICANTION : Please list the BA	A# as it appears on your current License BA	_
NAME OF FACILITY _			
NAME OF OWNER (a	s it appears on license)		
STREET ADDRESS			
CITY/TOWN		STATE ZIP CODE	
FACILITY PHONE	EMAIL AD	DRESS	
WEBSITE		MANAGER'S NAME	
FEDERAL ID#	FAX		
MAILING ADDRESS (I	F DIFFERENT)		
CITY/TOWN		STATE ZIP CODE	
Tattooing C	S PERFORMED – Check all that a osmetic Tattooing Body Piero	• •	
HOURS OF OPERATION	HOURS	BY APPOINTMENT ONLY (CHECK)	
SUNDAY	1100113	DITALL GIVEN GIVEN	
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

FOR TEMPORARY BOD	'ART FACILITIES:	
START DATE//	END DATE/	
STREET ADDRESS		
CITY/TOWN	STATEZIP CODE	
COUNTY	PHONE	
LICENSE NUMBER IF AFFI	ATED WITH A MI FACILITY BA	
\$577.96 for a new annual E \$577.96 for an annual licens \$866.94 late fee if NOT ren \$288.98 for a new annual li \$173.37 for a temporary lice \$57.77 duplicate license fee FEES MUST BE PAID BEFORE LIFEES. A pre-opening visit is require	for a current permanent licensee ENSE IS ISSUED. FEES ARE NON-REFUNDABLE. RETUNED CHECKS CAN INC for a new facility or change of ownership. An inspection by an author	C UR LATE LICENSI rized local health
•	cating the facility meets the Michigan Department of Health and Human ities is required prior to operation. Body Art establishments must also med	
Department of Health and Hu	statements are true and correct, and I agree to comply with the provisions an Services' Requirements for Body Art Facilities, and hereby authorize th , or their representatives to enter on the premises of the above name facil	he County Health
Signed	Date	_
MAII COMDIETED ADDITOATIO	LEORM AND DAYMENT TO:	

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.

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