



## 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](http://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 1<sup>st</sup> in the next calendar year from initial or renewed licensure unless licenses are temporary body art establishment licenses which expire after 14 days. Licenses are calendar years not 365 days from application submit date. Body Art Facility applications are valid only for the applied calendar year fee.

DATE \_\_\_/\_\_\_/\_\_\_\_\_ FACILITY COUNTY \_\_\_\_\_

Is this application for a new Facility? YES or NO (Please circle one)

**IF RENEWAL APPLICATION:** Please list the BA# as it appears on your current License BA-\_\_\_\_\_

NAME OF FACILITY \_\_\_\_\_

NAME OF OWNER (as it appears on license) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

FACILITY PHONE \_\_\_\_\_ Owners Phone \_\_\_\_\_

WEBSITE \_\_\_\_\_ MANAGER'S NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TYPE OF PROCEDURES PERFORMED – Check all that apply:

Tattooing     Cosmetic Tattooing     Body Piercing     Branding

HOURS OF OPERATION:

DAY	HOURS	BY APPOINTMENT ONLY (CHECK)
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

**FOR TEMPORARY BODY ART FACILITIES:**

START DATE \_\_\_/\_\_\_/\_\_\_\_ END DATE \_\_\_/\_\_\_/\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTY \_\_\_\_\_ PHONE \_\_\_\_\_

LICENSE NUMBER IF AFFILIATED WITH A MI FACILITY BA- \_\_\_\_\_

**LICENSE FEES:**

\_\_\_ **\$853.18 for a new license applied for between Oct 1, 2021 and Dec 31, 2021** (*\$275.22 for 2021 + \$577.96 for 2022*)

\_\_\_ **\$577.96 for a new annual Body Art Facility License if you are planning to begin operation in 2022**

\_\_\_ **\$577.96 for an annual license RENEWAL to continue operating in 2022**

\_\_\_ **\$866.94 late fee if NOT renewed ON or BEFORE Dec 1, 2021** (\$577.96 renewal fee + 288.98 late fee)

\_\_\_ **\$288.98 for a new annual license applied for after July 1, 2022**

\_\_\_ **\$173.37 for a temporary license (not to exceed 14 days)**

\_\_\_ **\$57.77 duplicate license fee for a current permanent licensee**

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

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 \_\_\_\_\_ Date \_\_\_\_\_

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.