



## 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](http://www.michigan.gov/bodyart) for more information. Licenses are not transferable. Effective Jan. 1, 2010

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

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

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

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

FAX NUMBER \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

NAME OF OWNER / OPERATOR \_\_\_\_\_

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

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

FEDERAL ID# \_\_\_\_\_

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

TELEPHONE NUMBER \_\_\_\_\_

TYPE OF PROCEDURES PERFORMED- CHECK ALL THAT APPLY:

\_\_\_ TATTOOING (includes 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.

TEMPORARY BODY ART FACILITIES:

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

License Fees:            \_\_\_ **\$500.00** for an initial 3- year Body Art Facility License  
                              \_\_\_ **\$300.00** for a 3-year renewal license  
                              \_\_\_ **\$100.00** for a Temporary License (not to exceed **14** days)

**Fees must be paid before license is issued. Fees are non-refundable.**

**NOTE: Licenses expire 3-years from initial licensure unless licenses are temporary body art establishment licenses which expire after 14 days.**

**A pre-opening visit is required for a change of ownership or new facility. An inspection by an authorized local health department representative indicating the facility meets the Michigan Department of Community 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 Community Health 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 Community Health  
DCH Accounting  
PO Box 30437  
Lansing, MI 48909

Make checks, cashier’s checks or money orders payable to “The State of Michigan”.

**Authority:** P.A. 149 OF 2007.  
**Completion:** is voluntary but required for licensure.

The Michigan Department of Community Health is an equal opportunity employer, services and programs provider.

DCH – 1467 (12/09)