



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

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

HOURS OF OPERATION:

DAY	HOURS
SUNDAY	<b>11-7</b>

FRIDAY	<b>12-10</b>
SATURDAY	<b>11-10</b>