

## Temporary Body Art Facility (TBAF) Application



# **District Health Department #10**

*Healthy People, Healthy Communities*

To operate a Body Art Facility in Michigan, as required by Act 375, Public Acts of 368 of 1978, as amended

Applications for temporary body art facility licenses shall be received **not less than 30 days** before the first day on which tattooing, branding, or body art services will be provided at the temporary location.

<b>A. Operator Information (PLEASE PRINT)</b>			<b>B. Event Information</b>	
Name of Temporary Body Art Facility (TBAF):			Proposed TBAF Location (Number, Street, City):	
Name of Owner/Operator:			Name of Event (if applicable):	
Mailing Address (Number & Street, Box or Route):			Operation Starts Date:                      Time:	Operation Ends Date:                      Time:
City	State	Zip Code	TBAF will be Set-Up and Ready for Inspection Date:                      Time:	
Phone No. (       )	Alternate Phone No. (       )		Coordinator of Event	Phone No. (       )
<b>C. Facility &amp; Operations Information</b>				
1. Affiliated or Unaffiliated Body Art Facility: <input type="checkbox"/> Yes <input type="checkbox"/> No Affiliated licensed BAF Name, Address, & License #:		2. Service(s) provided: <input type="checkbox"/> Piercing <input type="checkbox"/> Tattooing <input type="checkbox"/> Branding		4. Legal name of technicians with aliases:
		3. Number of technicians working the event and during what time periods:		
5. Identify the source of the potable water supply serving your TBAF. Describe how water will be supplied to your TBAF.				
6. Describe how electricity will be provided to the TBAF.				
7. Describe the floors, walls, ceiling surfaces and lighting within the TBAF.				
8. Equipment: <input type="checkbox"/> Single Use <input type="checkbox"/> Reusable Describe sterilization process and procedure:				

9. List the type of tuberculocidal disinfectant(s) you will use and EPA Registration Number:

10. Describe how and where wastewater from instruments and hand washing will be collected, stored and disposed.

11. How will medical waste be removed from the facility and disposed of properly?

12. Number of Sanitary Facilities: \_\_\_\_\_ Hand Washing Stations \_\_\_\_\_ Toilets-Flush \_\_\_\_\_ Toilets-Portable

**D. Records & Public Notice - Submit a hard copy of the following documentation with application:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>-Hepatitis B vaccination status or documentation of declination for each employee</li> <li>-Copy of written educational material provided to client</li> <li>-Aftercare instructions for each procedure</li> <li>-Disclosure statement</li> </ul> | <ul style="list-style-type: none"> <li>-Notice for filing complaints</li> <li>-Copy of current medical waste generator certificate</li> <li>-If using an autoclave, current spore test is required</li> </ul> |
|--|---|

**E. Drawing (Attach supplemental sheet if needed):**

Provide a scaled drawing of the TBAF. Identify and describe all equipment (including autoclave, ultrasonic, chair) hand washing facilities, step up and procedure tables, sharps container, ink, needle, tube storage, and other body art:

**F. Body Art Preparation at the Temporary Body Art Facility (List all supplies. Attach supplemental sheet if needed.)**

Equipment	Make	Model	Specifications	Describe cleaning and sterilization process

**I have read the Michigan Body Art Law PA 375 and the Michigan Department of Community Health Requirements for the Body Art Facilities.**

Applicant's Signature

Date of Submission

**SUBMIT APPLICATION & FEE TO THE LOCAL DHD#10 OFFICE WHERE THE TEMPORARY BODY ART EVENT WILL BE HELD. SEE OFFICE LOCATIONS BELOW.**

This area is for DHD#10 use:

State Fee Paid  Yes  No  
 Local Fee Paid  Yes  No

Amt. Received: \_\_\_\_\_  
 Check # \_\_\_\_\_ Cash \_\_\_\_\_ Receipt Number \_\_\_\_\_

CRAWFORD COUNTY  
 501 Norway Street, Suite #1  
 Grayling, MI 49738  
 (989) 348-7800  
 ehcrawfordcounty@dhd10.org

MECOSTA COUNTY  
 14485 Northland Drive  
 Big Rapids, MI 49307  
 (231) 592-0130  
 ehmecostacounty@dhd10.org

KALKASKA COUNTY  
 625 Courthouse Drive  
 Kalkaska, MI 49646  
 (231) 258-8669  
 ehkalkaskacounty@dhd10.org

MISSAUKEE COUNTY  
 6180 W Sanborn St., Suite #1  
 Lake City, MI 49651  
 (231) 839-7167  
 ehmissaukeecounty@dhd10.org

LAKE COUNTY  
 5681 S M-37  
 Baldwin, MI 49304  
 (231) 745-4663  
 ehlakecounty@dhd10.org

NEWAYGO COUNTY  
 1049 Newell Street  
 White Cloud, MI 49349  
 (231) 689-7300  
 ehnewaygocounty@dhd10.org

MANISTEE COUNTY  
 385 Third Street  
 Manistee, MI 49660  
 (231) 723-3595  
 ehmanisteecounty@dhd10.org

OCEANA COUNTY  
 3986 N Oceana Drive  
 Hart, MI 49420  
 (231) 873-2193  
 ehocEANAcounty@dhd10.org

MASON COUNTY  
 916 Diana Street  
 Ludington, MI 49431  
 (231) 845-7381  
 ehmasoncounty@dhd10.org

WEXFORD COUNTY  
 521 Cobb Street  
 Cadillac, MI 49601  
 (231) 775-9942  
 ehwexfordcounty@dhd10.org



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