

Jefferson County Health Department

APPLICATION FOR REGISTRATION TO BE A LICENSED TATTOO/BODY PIERCING ARTIST

JEFFERSON COUNTY, INDIANA

Name of Artist: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Cell #: _____

Owner: Yes _____ No _____

Business Name: _____ Business Phone: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Services you are requesting licensure for: (Circle One): Tattooing Body Piercing Both

I, _____ (name), hereby apply for a license to practice as a Tattoo Artist, Body Piercing Artist, or both in a licensed Tattoo/Body Piercing Establishment in Jefferson County, Indiana. I also agree to strictly follow all of Jefferson County and the State of Indiana code(s), laws and regulations, pertaining to the operation(s) of a Tattoo/Body Piercing Establishment(s).

PERMIT EXPIRES ON DECEMBER 31 OF EACH YEAR

Artist's Signature: _____ Date: _____

Fee is \$75.00 dollars per artist, make checks payable to the Jefferson County Health Department. If you are the sole proprietor (owner) and are tattooing/body piercing this fee is exempt. You must still pay the Establishment fee which is \$150.00/per year or \$75.00 if applying after July 1st of the current year if you are the owner of the Establishment. All artist shall comply with minimum training requirements as required in Jefferson County Ordinance .

OFFICE USE ONLY

Date Paid _____ Check # _____ Cash: _____ Permit # _____

Health Department Staff Signature