

Jefferson County Health Department

TATTOOING & BODY PIERCING FACILITY ANNUAL APPLICATION JEFFERSON COUNTY, IN

Name of Establishment: _____

Address of Establishment: _____

City: _____ State: _____ Zip Code: _____ Phone # of Establishment: _____

Hours and Days of operation: Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____ Sunday _____

Establishment Owner's Name: _____

Owner's Home Address: _____ City: _____ State _____ Zip _____

Owner's Home Phone: _____ Cell Phone: _____

Please list the name/address/phone of individual Artists who will be working (if any) at this establishment

1. _____

2. _____

3. _____

Please Circle the services your facility will provide: **TATTOOING BODY PIERCING BOTH**

LICENSING REQUIRED BY JEFFERSON COUNTY "TATTOOING & BODY PIERCING ORDINANCE"

Make all checks or money orders payable to the JEFFERSON COUNTY HEALTH DEPARTMENT

Fee is \$150.00 per establishment per year

New establishment after 7/1 of current year \$75.00

PERMIT EXPIRES DECEMBER 31 OF EACH YEAR

Signature of Applicant(s) _____ Date _____

OFFICE USE ONLY

Date Paid _____ Check # _____ Permit # _____

Health Department Staff Signature
License Application