

# Jefferson County Health Department

## GUEST ARTIST APPLICATION FOR LICENSURE JEFFERSON COUNTY, INDIANA

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Name of Artist: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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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 the Jefferson County and the State of Indiana code(s), laws and regulations pertaining to the operation of a Tattooing/Body Piercing Establishment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Fee of \$50.00 dollars per Guest Artist. Make checks payable to the Jefferson County Health Department. The Guest Artist permit shall expire thirty (30) days after issuance. All Guest Artist shall comply with the minimum training requirements as required in the Jefferson County Code

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**OFFICE USE ONLY**

Date Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Permit #: \_\_\_\_\_

\_\_\_\_\_  
Health Department Staff Signature

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