

TATTOO & BODY PIERCING FACILITY LICENSING APPLICATION

For Office Use Only

Mail To:

Establishment # _____
Check # _____
Date: _____

FAYETTE CO. HEALTH DEPT.
401 N. CENTRAL AVE.
CONNERSVILLE, IN 47331-1903
765-825-4013

Annual Application for Tattoo & Body-Piercing Parlors

(Please Type Information in Boxes, then Print)

Name of Establishment: _____ Phone No.: _____
Address of Establishment: _____
City: _____ State: _____ Zip: _____

Please Answer the Following Questions

1. Hours of Operation: _____
2. Days of Operation: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.
(please check boxes)
3. Number of Artists Employed at Establishment: _____
4. Please list individual Artists Names & Mailing Addresses Below: (use back of sheet for additional space)
- | | | |
|-------------|----------------|--------------|
| Name: _____ | Address: _____ | Phone: _____ |
| Name: _____ | Address: _____ | Phone: _____ |
5. Please list Owner(s) Name(s) & Mailing Addresses Below: (use back of sheet for additional space)
- | | | |
|-------------|----------------|--------------|
| Name: _____ | Address: _____ | Phone: _____ |
|-------------|----------------|--------------|
6. Please circle the services your facility provides (Choose from Dropbox): Tattoo

LICENSING REQUIRED BY

County Code - _____ : "TATTOO AND BODY PIERCING ORDINANCE"

Make all checks or money orders payable to: _____

Signature of applicant(s): _____ Date signed: _____

Applicant: (do not write below this line)

Examined and approved
Date: _____

Permit Fee: \$ _____
Permit number _____
Expiration _____
Initials _____

Environmental Health Specialist