715 Green Road, Madison, IN 47250
812 273-1942 Fax 812 273-1955
Lindsey Wyne, Administrator
Susan G Stack, M.D., Health Officer

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

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: _____

Check all services being provided by artist: ☐Tattooing ☐Body Piercing ☐Permanent Makeup

I, _____(name), hereby apply for a license to practice as a Tattoo Artist, Permanent Makeup Artist, Body Piercing Artist 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/Permanent Makeup/Body Piercing Establishment(s).

PERMIT EXPIRES ON DECEMBER 31 OF EACH YEAR

Artist's Signature: _____ Date: _____

Fee is $100.00 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 artists shall comply with minimum training requirements as required in Jefferson County Ordinance 2013-01

OFFICE USE ONLY

Date Paid_____ Check # _____ Cash ☐ Permit #_____ Receipt #_____

_____
Health Department Staff Signature