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

TATTOOING, PERMANENT MAKEUP & BODY PIERCING FACILITY ANNUAL APPLICATION

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: _____Artist ☐ yes ☐ no

Owner's Home Address: _____City:_____State____Zip_____

Owner's Home Phone:_____Cell Phone: _____

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

1._____

2._____

Check all services your facility will provide: ☐**TATTOOING** ☐**BODY PIERCING** ☐**PERMANENT MAKEUP**

LICENSING REQUIRED BY JEFFERSON COUNTY "TATTOOING, PERMANENT MAKEUP & 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 #_____Receipt #_____

_____
Health Department Staff Signature