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

GUEST ARTIST APPLICATION FOR LICENSURE

Name of Artist: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____

I _____(name) hereby apply for a license to practice as a Tattoo artist, Permanent Makeup Artist, and Body Piercing Artist 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/Permanent Makeup/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 2013-01

OFFICE USE ONLY

Date Paid: _____ Check #: _____ Cash ☐ Permit #: _____ Receipt #_____

_____
Health Department Staff Signature