



1616 Smith St
 Logansport, Indiana 46947
 www.co.cass.in.us
 Office :574-753-7760 Fax: 574-753-7039

Application For Artist: \$ 75.00 Tattoo/Body Piercer/Permanent Make-up/Microblading

By this application, it is agreed that the artist will comply with the applicable provisions of the Indiana State Department of Health Rule 410 IAC 1-5 and Cass County Ordinance 99-03. It is further agreed that the artist shall obtain the required annual training and show proof of Hepatitis B vaccination to agents of the Cass County Health Department . Application for the permit renewal must be completed prior to the expiration date of the existing permit.

*Permits are not transferable and all permits expire December 31st of each year

*Please complete form in its entirety and return signed and with proper fee

Name of Artist :		
Mailing Address :		
City :	State:	Zip Code :
Telephone : (____) - ____ - _____		

Name of business where employed :		
Address :		
City :	State:	Zip Code:
Business Owner Name:		Telephone:

Signature: _____

Date: __/__/__

Print Name: _____

OFFICE USE

Permit Issue Date: _____	Permit Number: _____
Amount Paid : _____ CASH CREDIT CARD CHECK (CIRCLE ONE) Receipt Number : _____	
Check # _____	
_____ Training Completed	File Date : _____ Date Expires: _____
_____ Vaccination Completed	Initials : _____