

**BROWN COUNTY HEALTH DEPARTMENT**  
**200 HAWTHORNE DRIVE, NASHVILLE IN 47448**  
**812-988-2255**



**TATTOO PARLOR APPLICATION 2026**

NAME of ESTABLISHMENT	
Tax ID number	
BUSINESS ADDRESS:	_____ _____ _____
BUSINESS PHONE: CELL PHONE: EMAIL:	_____ _____ _____
OWNER'S NAME ADDRESS PHONE if different from above	_____ _____ _____
MANAGER's NAME ADDRESS PHONE if different from above	_____ _____ _____
BIOHAZARD WASTE DISPOSAL COMPANY ADDRESS; PHONE:	_____ _____ _____

**FEES: Tattoo Parlor; \$150 and Each Artist; \$30 per artist**  
**List all artists with addresses and contact information on the back of this sheet.**

APPROVED; \_\_\_\_\_ DATE \_\_\_\_\_

**ARTIST NAME, ADDRESS, CONTACT INFORMATION**  
**\$30.00 per artist**

	name	phone	Address
1			
2			
3			
4			
5			

Please send application and payment to:  
Brown County Health Department  
Attn: Jennifer Heller EHS  
P O Box 281  
Nashville IN 47448

We can take credit/debit card payments 3% fee, cash or money orders.