



**HARRISON COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL DIVISION
 241 ATWOOD STREET, SUITE 200
 CORYDON, IN 47112
 PHONE: (812) 738-3237 FAX: (812) 738-4292**



Application for Tattoo, Body Piercing & Permanent Cosmetic Facility Permit
 Harrison County Health Ordinance 2018-14 Chapter 18-1

Facility Name: _____

Address: _____

City: _____ **State:** IN **Zip:** _____ **Phone:** _____ **Fax:** _____

Owner Name: Last: _____ **First:** _____ **MI:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Email Address: _____

Manager Name: _____

Business Hours: _____

E-mail Address used for inspections: _____

****Please attach the following for the facility: This information must be provided every year. ****

Policies and Procedures (Standard Operating Procedures)

Check appropriate box for:		
<input type="checkbox"/> Tattoo, <input type="checkbox"/> Body Piercing, <input type="checkbox"/> Permanent Cosmetic FACILITY		
Annual Permit Fee: \$50.00	\$ _____	Per Facility

Amount Submitted: \$ _____

Method of Payment: Cash Check Money Order Credit/Debit Card

Cash or card payments accepted in person, on Level B1 of the Health Department.
 Credit and debit card payments are assessed a convenience fee, 3% of payment.

Under penalties of perjury, I swear the foregoing representations are true and correct.

Applicant Signature: _____ **Date:** _____

HCHD Witness Signature: _____ **Date:** _____

****Owners that also perform tattoos, body piercings, and/or permanent cosmetics must also apply for and obtain an individual artist license. ****