



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 Artist License

ARTIST: Last: _____ First: _____ M: _____

Address: _____

Email: _____

City: _____ State: IN Zip: _____ Phone: _____

.....
 Facility Name: _____

Address: _____

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

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

- Proof of attendance at a **Blood Borne Pathogen training** program approved by the Health Department
- Photo ID**

<p>Check appropriate box(es) for:</p> <p><input type="checkbox"/> Tattoo, <input type="checkbox"/> Body Piercing, <input type="checkbox"/> Permanent Cosmetics</p>
<p>Annual Permit Fee: \$30.00 Per Artist (regardless if 1-3 boxes are checked above)</p>

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: _____

****Licenses will not be distributed until thoroughly reviewed by the Harrison County Health Department. ****