

TATTOO ARTIST APPLICATION

Name of Artist: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

Name of Employer: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Fax: _____

Hours and days of operation:

Send Mail To (Select One) _____ Artist _____ Employer

Date of Training completed:

Location of Training:

Artist will be doing: (Select One) _____ Tattoo _____ Piercing _____ Both

Required Permit Fee	\$100
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I/we attest that the above information is accurate to my/our knowledge at this time. I/we further agree to comply with all applicable Henry County, Indiana ordinance and laws to include allowing the Henry County Health Department access to the establishment as required. I/we understand that this permit is non-transferable and that the associated fees are non-refundable. I/we further understand that a 25% delinquent permit renewal fee will be added after 30 days to all late renewals.

Signature: _____ Date: _____

For Office Use Only	Permit/Receipt
Number _____	
	Permit Fee
Paid _____	
	Issue
Date _____	

Henry County Health Department
1201 Race Street, New Castle, IN 47362
Phone (765)521-7059
<http://henryco.net/HealthDeptHome.aspx>



Date_____	Expiration
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