

Tattoo Parlor Application

Name of Parlor: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

Tax ID of Tattoo Parlor: _____

Name of Owner: _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Fax: _____

Hours of Operation: _____

Send Mail To (Select One) _____ Parlor _____ Owner

Number of Artists: _____

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

Required Annual Permit Fee:	\$300
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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 _____
	Expiration Date _____