Jasper County Health Department

910 South Sparling Avenue, Suite 1

Rensselaer, Indiana 47978

**APPLICATION FOR GUEST TATTOO AND/OR GUEST BODY PIERCING LICENSE**

Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility where employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one:

Guest Tattoo Artist License \_\_\_\_\_

Guest Body Piercing License \_\_\_\_\_

Guest Tattoo Artist-Body Piercing License\_\_\_\_\_

Permit is $25.00 per event

Must have proof, permit/experience from another jurisdiction and must register with the department prior to performing body art.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Printed Name/Date Applicant’s Signature/Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY!

Please place initial by appropriate answer(s)

1. Provided copy of the applicant’s driver’s license (applicant must be at least 18 years of age) \_\_\_Y \_\_ N
2. Provided documentation of blood borne pathogen training? \_\_\_ Y \_\_\_ N
3. Has applicant received the Hepatitis B vaccine? (strongly recommended) \_\_\_ Y \_\_\_ N

License #\_\_\_\_\_\_\_\_\_\_\_ Amount Paid \_\_\_\_\_\_\_\_\_\_\_ Date Issued \_\_\_\_\_\_\_\_\_\_\_