Jasper County Board of Health

910 South Sparling Avenue, Suite 1

Rensselaer, Indiana 47978

Permit Application for a Tattoo/Body Piercing Artist/Apprentice

Owner/Operator. In the event that a Tattoo/Body Piercing Facility is a sole proprietorship and the owner shall also perform tattooing or body piercing for their business, the owner is only required to obtain a Tattoo/Body Piercing Establishment Permit and does not need to obtain a separate artist permit.

Name of Artist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you the permitted Facility Owner? \_\_\_\_ Yes \_\_\_\_ No

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility Fax or Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle the services you are requesting licensure for: Tattooing Body Piercing Both

All artists shall comply with minimum training requirements as required in Jasper County Ordinance 9-6-2022.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Hereby apply for a permit to practice as a Tattoo Artist, Body Piercing Artist or Apprentice (as stated above) in a permitted Tattoo/Body Piercing Establishment in Jasper County, Indiana. I also agree to strictly follow all of Jasper County and the State of Indiana code(s), laws and regulations pertaining to the operation(s) of Tattoo/Body Piercing Establishments.

Tattoo Artist and Body Piercer Responsibilities/Requirements state that each artist must provide documentation of the following information to the Jasper County Health Department. This documentation must also be on file at the licensed Tattoo/Body Piercing Establishment and available for inspection upon request. All applicable corresponding documentation below must be submitted with this permit application. Check the box which applies to you:

\_\_\_\_\_ I have completed the Hepatitis B vaccination series (and am submitting shot record/date verification)

\_\_\_\_\_ I have been offered, and declined, in writing, the Hepatitis B vaccination series (declination for required)

\_\_\_\_\_ I have not completed the Hepatitis B vaccination series but am providing documentation showing at least the first of the series has been received and will show proof of completion of the series within six (6) months of issue of this permit.

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| --- | --- |
| PERMIT TYPE | PAYMENT |
| TATTOO ARTIST/BODY PIERCER | $100.00 |
| APPRENTICE | $10.00 WITH LISTED MENTOR |

Make all checks or money orders payable to: Jasper County Health Department

By signing below, I am agreeing to all conditions listed herein and verify the information provided is accurate.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_