

**Porter County Health Department
Tattoo and Piercing Parlor Operating Permit Application**

Permit Year: _____

"Effective January 1, 2014, It shall be unlawful for any person to engage in body tattooing and/or body piercing at any location and/or facility which does not possess a valid permit" as per Ordinance #13-13 and passed by the Porter County Board of Commissioners on November 5, 2013. **The Tattoo and Piercing Parlor Operating Permit is \$100.00.**

Please Print Legibly

Mail Correspondence to Facility Address

Facility Name: _____

Facility Contact: _____

Facility Mailing Address: _____

City, State and Zip Code: _____

Facility Email Address: _____

Office Ph #: _____ **Cell Ph #:** _____ **Fax #:** _____

Mail Correspondence to Corp/Owner Address

Owner/Corporation Name: _____

Owner Mailing Address: _____

Owner Email Address: _____

Owner Ph #: _____ **Cell Ph #:** _____ **Fax #:** _____

Include with this application the following:

- A copy of a completed Tattoo/Piercing Facility Policy (Model Tattoo/Piercing Facility Policy Template can be located at <http://www.in.gov/isdh/20201.htm>)
- A copy of the above listed Facility's Certificate of Insurance.

Please visit or mail this completed application, attachments and permit fee payment to our office located at Porter County Health Department, Env. Div, Attn: Tattoo/Piercing Permit Application, 155 Indiana Ave, Suite 104, Valparaiso, IN 46383. For applications received by mail, the Tattoo/Piercing Facility Operating Permit and receipt will be mailed to the requested mailing address listed above.

Application Checklist:

\$100.00 Permit Fee Payment: _____

Copy of completed Tattoo/Piercing Facility Policy (*not req'd if already on file*): _____

Copy of Certificate of Insurance: _____

\$100 Late Fee (if rec'd/postmarked after December 31): _____

Owner Signature: _____

Amount Enclosed: \$ _____

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Notes:

➤ *Failure to submit a completed application form, permit fee payment, completed Tattoo/Piercing Facility Policy, and Certificate of Insurance will delay your Tattoo/Piercing Facility Operating Permit.*

➤ *Fees received after December 31st for permit renewals will incur a 100% Late Fee.*

➤ *Permit Fees are Non-Refundable and Permits are Non-Transferable.*

Changes in ownership and remodel may require upgrades prior to issuance of permit. Contact the Porter County Health Department prior to remodel or change of owner.

➤ *Types of Payment Accepted:*

- Cash
- Money Order
- Check
- Credit or Debit Card – Our office cannot accept credit/debit card payments by telephone.
- Make checks or money orders payable to Porter County Health Department

**Porter County Health Department
Porter County Administration Building
155 Indiana Ave Suite 104
Valparaiso, IN 46383
Ph. (219) 465-3525
Fax. (219) 465-3531
www.porterco.org/envhealth**

Office Use

Paid by: (**one**) Cash Check Money Order CC/BC Check/Money Order#: _____

Date Fee Paid: _____ Processed by: _____ Amount Paid: _____

Receipt #: _____ Receipt Book #: _____

New Permit Renewal Permit

Permit #: _____