

**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 31<sup>st</sup> 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](http://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 #:** \_\_\_\_\_