



## Application for New: Tattoo and/or Body Piercing, Practitioner, Temporary Practitioner, and Apprentice

1. Legal Name of Applicant: \_\_\_\_\_
2. Local Home Address, City, and Zip: \_\_\_\_\_
3. Local Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
4. Name of Tattoo Facility where employed: \_\_\_\_\_
5. Please check one:  
  
Tattoo & Body Piercing Practitioner: \_\_\_\_\_ Tattoo Practitioner: \_\_\_\_\_ Body Piercing Practitioner: \_\_\_\_\_  
Tattoo & Body Piercing Temporary: \_\_\_\_\_ Tattoo Temporary: \_\_\_\_\_ Body Piercing Temporary: \_\_\_\_\_  
Tattoo & Body Piercing Apprentice: \_\_\_\_\_ Tattoo Apprentice: \_\_\_\_\_ Body Piercing Apprentice: \_\_\_\_\_
6. Provide a current, valid driver's license or government-issued identification.
7. Provide documentation of blood-borne pathogen training and certificate.
8. Provide a copy of your High School Diploma or a certificate of GED.
9. Provide a certified birth certificate, proving the applicant is at least 21 years of age.
10. Documentation provided of professional certification, associations, or memberships relevant to the Ordinance.
11. Documentation provided of all work/training experience, including dates, addresses, telephone numbers, and supervisors' names for the last three years (page 2).
12. A statement provided by a medical physician dated within 30 days preceding the date of the application stating that the applicant is free of any communicable disease.
13. If an Apprentice, provide documentation of the Mentor's valid St. Joseph County Department of Health Tattoo and/or Body Piercing License.
14. A fee of two hundred twenty-five dollars (**\$225.00**) is to accompany this annual application, due every February.
15. Your license(s) will be distributed during the inspection of the facility.

**No Personal Checks Accepted. We accept Money orders, cashier's checks, Business checks, and major credit cards (Visa, MasterCard, or Discover). Please note that we are unable to process credit card transactions by phone or mail. Once fees have been paid, they are non-refundable and non-transferable. We are not responsible for lost or undelivered mail.**

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Printed Name of Applicant

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Signature of Applicant / Date

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Mentor's Printed Name  
**(Required for Apprentice License)**

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Mentor's Signature / Date  
**(Required for Apprentice License)**

### FOR OFFICE USE ONLY!

EHS Determination: \_\_\_\_\_ Approved / Disapproved Date: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Transaction #: \_\_\_\_\_ Total Fee: \_\_\_\_\_

SR/License: \_\_\_\_\_ Employee: \_\_\_\_\_

**List all previous employment where services rendered were related to this field.  
(attach additional sheets if necessary).**

Dates: \_\_\_\_\_

Dates: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

Supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Dates: \_\_\_\_\_

Dates: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

Supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

***The following fee schedule, as established by the St. Joseph County Board of Health, is hereby approved by the Board of Commissioners of St. Joseph County.***

<b>Tattoo Items</b>	<b>Fees/Fines</b>
Facility	\$275.00/year
Practitioner	\$225.00/year
Apprentice	\$110.00/year
Temporary	\$110.00/year
Permanent Make-Up	\$225.00/year
Mobile Facility	\$275.00/year
Late Fee	25%
Violation of St. Joseph County Ordinance, Chapter 114 - First Offense, not more than	\$500.00
Violation of St. Joseph County Ordinance, Chapter 114 - Second offense, not more than	\$1,000.00
Violation of St. Joseph County Ordinance, Chapter 114 - Third offense, and each subsequent offense, not more than	\$1,500.00