



ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

St. Joseph County Department of Health

"To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County."

Revised 2025

Application for Renewal: 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. 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.
9. A fee of two hundred twenty-five dollars (**\$225.00**) is to accompany this annual renewal application, due every February. A late fee of 25% will be assessed if payment is made after the due date.
10. 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.

Printed Name of Applicant / Date

Signature of Applicant / Date

Mentor's Printed Name / Date
(Required for Apprentice License)

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

FOR OFFICE USE ONLY!

Date Paid: _____ Transaction #: _____ Employee: _____

Paid Fee: _____ Late Fee: _____ Total Fees: _____

SR/License #: _____