



# St. Joseph County Department of Health

Revised 2025

*"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."*

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