



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

# St. Joseph County Department of Health

*"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"*

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

Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: (        ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

(For Department of Health Use ONLY)

**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: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant / Date

\_\_\_\_\_  
Signature of Applicant / Date

\_\_\_\_\_  
Mentor's Name Printed / Date  
**(Required for Apprentice Permit)**

\_\_\_\_\_  
Mentor's Signature / Date  
**(Required for Apprentice Permit)**

Name of Tattoo Facility where employed: \_\_\_\_\_

<b>FOR OFFICE USE ONLY!</b>	
Date Paid: _____	Fee Paid: _____
Transaction #: _____	Late Fee: _____
Dept. Employee: _____	Total Paid: _____
Service Request # _____	
Provided documentation of blood borne pathogen training? Yes _____ No _____	

Please send all electronic correspondence for the Environmental Health Unit to [envirohd@sjcindiana.com](mailto:envirohd@sjcindiana.com)