



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."

Application for New: Tattoo and/or Body Piercing Facility

Name of Facility: _____

Address of Facility: _____

City: _____ State: _____ ZIP: _____

Facility Phone #: _____ Fax: _____ E-Mail: _____

Please check one:

Tattoo & Body Piercing Facility: _____

Tattoo Facility: _____

Body Piercing Facility: _____

Days and Hours of Operation: _____

Signature of Facility Owner

Date

Printed Name of Facility Owner

For Office Use Only!

Please place initial by appropriate answer(s)

1. Have all OSHA requirements been met, and the paperwork submitted to the Health Department?
(EHS will Initial) Yes _____ No _____
2. Has the applicant submitted an employment or business history for the past three (3) years?
Yes _____ No _____
3. Was documentation provided for the proper zoning: Yes _____ No _____

*If all information has been submitted to the Health Department, a license may be issued to the above-mentioned facility.

EHS Signature: _____ Approved / Disapproved Date: _____

For Office Use Only!

Transaction #: _____

SR/License #: _____

Amount Paid: _____

Employee's Initials: _____

1. The applicant will submit an employment or business history for the past three (3) years:

Please list all employment or business history

Dates: _____

Company: _____

Address: _____

City, State, Zip: _____

Supervisor: _____

Telephone No. _____

Dates: _____

Company: _____

Address: _____

City, State, Zip: _____

Supervisor: _____

Telephone No. _____

Dates: _____

Company: _____

Address: _____

City, State, Zip: _____

Supervisor: _____

Telephone No. _____

Dates: _____

Company: _____

Address: _____

City, State, Zip: _____

Supervisor: _____

Telephone No. _____

Dates: _____

Company: _____

Address: _____

City, State, Zip: _____

Supervisor: _____

Telephone No. _____

Dates: _____

Company: _____

Address: _____

City, State, Zip: _____

Supervisor: _____

Telephone No. _____

Issuance of license approval constitutes completion of all OSHA requirements.