

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 Renewal: Tattoo and/or Body Piercing Facility

Name of Facility	y:		
Address of Faci	lity:		
City:		State:	ZIP:
Facility Phone #	::E	-Mail:	
Please check or	ne:		
Tattoo & Body	Piercing Facility:	Tattoo Facility:	
Body Piercing F	Pacility:		
Days and Hours	of Operation:		
MasterCard or by mail. License renewa stamped envelo	Discover. Please Note: We a	pt Money orders, Cashier's chere not able to process credit cased through the mail. You MU-dollar (\$250.00) renewal fee to sing.	ard transactions by phone or UST include a self-addressed
Signature of Facility Owner		Date	
Printed Name of	f Facility Owner		
	FOR OFFICE USE ONLY!		
	Date Paid:	Fee Paid:	
	Transaction #:	Late Fee:	
	Dept. Employee:	Total Paid:	
	SR/License #		