

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 Tattoo and/or Body Piercing Mobile Facility

Name of Facility:			
Address of Facility Owner:			
City:		State:	ZIP:
Phone:	Fax:	E-Mail:	
Please check one:			
Tattoo & Body Piercing Mobile Tattoo Mobile Facility:	Facility:		ility:
Address where Mobile Facility	will be used:		
City:State:		ZIP:	
Dates and Hours of Operations:			
Signature of Facility Owner		Date	
Printed Name of Facility Owner		artment of Health during any ti	me it is at a mobile site
 All locations where tattoos a 			
• All practitioners must be lic which they reside.	ensed by the St. Jo	beseph County Department of Ho days and then be subject to ren	
the last year must be availableIf the mobile facility is not information may be required	ble on-site. t owned by a curro d.	ed to be free of the designated of ent licensed tattoo facility in 3 4 related to the prevention of d	St. Joseph County, additional
FOR OFFICE USE ONLY!			
Transaction #: _		SR/License #:	
Total Paid:		Dept. Employee:	