



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

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 Tattoo and/or Body Piercing Mobile Facility

Legal Name of Mobile Facility: _____

Legal Name of Facility Owner: _____

Facility Owner Local Home Address: _____

Facility Owner's Phone #: _____ E-mail: _____

Please check one:

Tattoo & Body Piercing Mobile Facility: _____ Body Piercing Mobile Facility: _____ Tattoo Mobile Facility: _____

Full Address where Mobile Facility will be used: _____

Days of Operation: _____ Hours of Operation: _____
(Example Mon-Fri) (Example 8am-5pm)

1. The facility is subject to inspection by the Department of Health during any time it is at a mobile site.
2. All locations where tattoos are applied must be appropriately zoned.
3. All practitioners must be licensed by the St. Joseph County Department of Health.
4. A mobile permit shall apply for no more than 3 days and then be subject to renewal.
5. Proof that each practitioner has been determined to be free of the designated communicable diseases within the last year must be available on-site.
6. If the mobile facility is not owned by a current licensed tattoo facility in St. Joseph County, additional information may be required.
7. All requirements in St. Joseph County Code 114 related to the prevention of disease must be followed.

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 Facility Owner _____

Date _____

Signature of Facility Owner _____

FOR OFFICE USE ONLY!

EHS Determination: _____ Approved / Disapproved Date: _____

Date Paid: _____ Transaction #: _____ Total Fee: _____

SR/License #: _____ Employee: _____