



Tipton County Health Department
Health Officer Dr. Mary Compton, MD

Tattoo & Body Art Establishment Permit Application

CHECK ONE: [] Fixed Establishment [] Temporary [] Mobile [] New Facility

Facility Name: _____

Facility Address: _____ City: _____ State: _____ Zip: _____

Business Hours: _____ Facility Phone: _____

Facility Email: _____

Check all services that apply:

Tattoo _____ Piercing _____ Micro-blading _____ Eyelash Extension _____ Other _____

If other, explain _____

Owner's Name: _____

Address of Owner: _____ City: _____ State: _____ Zip: _____

Owner's Phone #: _____ Owner's Email: _____

Emergency Telephone: _____

Number which will reach someone in authority in case of an emergency when business is closed.

Number of Artists (full and part time): _____

Names of Tattoo Artists:

List the name and Artist Permit Number of each employee. It is agreed that the business operator will notify TCHD of any changes in Tattoo Artists.

Table with 2 columns: Name, Permit Number. Includes three empty rows for data entry.

Business Daily Opening & Closing Times:

Sun: _____ Mon: _____ Tue: _____

Wed: _____ Thur: _____ Fri: _____ Sat: _____

Public Water Supply: ___Yes ___No Public Sewage Disposal: ___Yes ___No

If the business is served by a public utility, mark "yes". If private well or sewage disposal, mark "no".

Fee Schedule

Body Art Establishment License \$150 (per location)

Temporary Body Art Establishment License \$75.00

Mobile Body Art Establishment License \$75.00

Late charge for any permit fee not paid by a date or dates determined by the health officer:

- i. Any Body Art establishment or artist operating without a permit is \$250.00 + license fees.

Permit application and materials must be submitted to the Tipton County Health Department at least 14 days prior to the planned opening of the facility for a timely review by our staff and to allow the required inspections to be performed.

Applicant's Signature: _____ **Date:** _____

Please Print Signature: _____

OFFICE USE ONLY:

Date: _____ Paid by: _____ Method of Payment: _____ Receipt Number: _____

Initials: _____ Permit Number: _____

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