Wabash County Health Department
79 West Main Street
Wabash, Indiana 46992
Phone: 260-563-0661 ext. 1251; Fax: 260-563-6082

TATTOO AND BODY PIERCING FACILITY LICENSE APPLICATION

All the information submitted on your license application must be accurate and complete. Submission of false information is a violation of the tattoo ordinance and is subject to penalties. In order to obtain a license for the operation of a tattoo establishment, the following information is required:

APPLICANT: _____

NAME OF BUSINESS: _____

LOCATION OF BUSINESS: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE NUMBER: (____) _____ **CELL:** (____) _____ **FAX:** (____) _____

E-MAIL ADDRESS: _____

WEB PAGE URL: _____

Number of Artist who work in this facility (including self): ***Full-time*****:** _____ ***Part-time*****:** _____

Have all the Artist who work in this facility had Blood Borne Pathogen Training?

Yes ___ **No** ___ **Scheduled** ___ **Name:** _____ **Date:** ___/___/___

Yes ___ **No** ___ **Scheduled** ___ **Name:** _____ **Date:** ___/___/___

Yes ___ **No** ___ **Scheduled** ___ **Name:** _____ **Date:** ___/___/___

Type of procedures offered at your facility: _____

_____

Hours of operation:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Open _____	Open _____	Open _____	Open _____	Open _____	Open _____	Open _____
Close _____	Close _____	Close _____	Close _____	Close _____	Close _____	Close _____

Wabash County Health Department

TATTOO AND BODY PIERCING FACILITY LICENSE APPLICATION (Continued)

As provided by the ordinance of Wabash County, I, _____ make application for a license to operate a _____ establishment at the location stated herein for the period of _____ subject to all provisions of said ordinances.

1. **The legal status of the licensee is: *Individual* _____ *Partnership* _____ *Other:* _____**
   A. **If the licensee is a partnership, please state name and address of the partner(s):**

      _____

      _____

2. **Regardless of type of licensee (individual, partnership, etc.) state here information concerning the individual locally responsible for the management of this establishment:**
   A. **Full Name: _____ Gender: *Male* ____ *Female* ____**
   B. **Home Address: _____**

      City: _____ State: _____ Zip: _____
   C. **Home Phone: (_____) _____ Cell: (_____) _____**
   D. **Date of Birth: _____/_____/_____ Age: _____ Social Security Number: _____ - _____ - _____**
   E. **Driver's License Number: _____ State: _____ Expires: ____/____/____**

Applicant Signature: _____ DATE: ____/____/____

Print Name: _____

OFFICE USE ONLY

Application Approved: _____ Environmental Specialist Signature: _____

Not Approved: _____ Reason: _____

License Number: _____ License Valid: *From* ____/____/____ *To* ____/____/____

License Fee: _____ Payment: *Cash* _____ *Check Number* _____ Date: ____/____/____

Plan of Facility Submitted on: _____/_____/_____ A List of Inventory Submitted on: ____/____/____