PERMIT APPLICATION FOR A TATTOO/BODY PIERCING ARTIST

Owner/Operator. In the event that a Tattoo/Body Piercing Facility is a sole proprietorship and the owner shall also perform tattooing or body piercing for their business, the owner is only required to obtain a Tattoo/Body Piercing Establishment Permit and does not need to obtain a separate artist permit

Name of Artist: _____

Home Address: _____

City/ State/ Zip: _____Telephone: _____

Email: _____

Facility Name: _____

Facility Address: _____

City/ State/ Zip: _____

Business Phone: _____ Business Fax: _____

Please circle the services you are requesting licensure for: Tattooing Body Piercing Both

All artists shall comply with minimum training requirements as required in Dubois County Tattoo and Body Piercing Ordinance 2012-1.

I, _____, hereby apply for a permit to practice as a Tattoo Artist, Body Piercing Artist or Both (as stated above) in a permitted Tattoo/Body Piercing Establishment in Dubois County, Indiana. I also agree to strictly follow all of Dubois County and the State of Indiana code(s), laws and regulations pertaining to the operation(s) of Tattoo/Body Piercing Establishments. Tattoo Artist and Body Piercer Responsibilities/Requirements state that each artist must provide documentation of the following information to the Dubois County Health Department. This documentation must also be on file at the licensed Tattoo/Body Piercing Establishment and available for inspection upon request. All applicable corresponding documentation below must be submitted with this permit application.

Check which one applies to you:

__I have completed the Hepatitis B vaccination series (and am submitting shot record/date verification)

__ I have not completed the Hepatitis B vaccination series but am providing documentation showing at least the first of the series of has been received and will show proof of completion of the series within six (6) months of issue of this permit
By signing below, I am agreeing to all conditions listed herein and verify the information provided is accurate.

_____ Date_____
Signature of Applicant

Make all checks or money orders payable to: ***Dubois County Health Department***
Tattoo Artist or Body Piercer $ 100.00
(Permit expires on December 31 of each year.)