

**POSEY COUNTY HEALTH DEPARTMENT**

100 Vista Dr., Mt. Vernon, IN 47620 \* 812-838-1328 \* 812-838-8561(Fax)

**Tattoo/Body Piercing Establishment Permit Application**

**LICENSE YEAR 2020**

**ALL LICENSES EXPIRE DECEMBER 31 OF CURRENT YEAR**

Name of Establishment \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Establishment \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

Days and Hours of Operation \_\_\_\_\_ No. of Artists Employed at Establishment \_\_\_\_\_

Please list individual Artists names and mailing addresses and Lic/Rec #: (Use back of sheet for additional space)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Lic/Rec#: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Lic/Rec#: \_\_\_\_\_

Establishment Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

What services does your facility provide? Tattooing \_\_\_\_\_ Body Piercing \_\_\_\_\_ Both \_\_\_\_\_

Name of Infectious Waste Removal Company \_\_\_\_\_

\*\*\*Proof of a current contract with the infectious waste removal company must be submitted prior to approval of permit\*\*\*

If the establishment owner/operator is also an artist, no separate artist permit must be obtained, but the following information is required:

**All artists shall comply with minimum training requirements as required in Posey County Ordinance.**

I, \_\_\_\_\_, hereby apply to practice as a Tattoo Artist, Body Piercing Artist or Both (as stated above) as part of my establishment permit for my Tattoo/Body Piercing Establishment in Posey County, Indiana. I also agree to strictly follow all of Posey County and the State of Indiana code(s), laws and regulations pertaining to the operation(s) of Tattoo/Body Piercing Establishments. Tattoo Artists and Body Piercer Responsibilities/Requirements state that each artist must provide documentation of the following information to the Posey 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 the box that applies to you:

- I have completed the Hepatitis B vaccination series (an am submitting shot record/date verification)
- I have been offered, and declined, in writing, the Hepatitis B vaccination series (declination form required)
- I have NOT completed the Hepatitis B vaccination series but am providing documentation showing at least the first of the series which has been received and will show proof of completion of the series with six (6) months of issue of this permit

In addition, I understand that I must maintain documentation of this information for all of the artists who work in my facility and will do so.

***By signing below, I am agreeing to all conditions listed herein and verify the information provided is accurate.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Make all checks/money orders payable to: Posey County Health Department  
Debit/Credit cards accepted. A 3% convenience fee charged when using debit/credit cards.**

Permit Type: Tattoo/Body Piercing Facility

Annual Payment: \$250

Late Fee: \$312.50

Pro-Rated after July 1: \$125

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date