POSEY COUNTY HEALTH DEPARTMENT

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

Tattoo/Body Piercing Artist Permit Application

LICENSE YEAR 2020

ALL LICENSES EXPIRE DECEMBER 31 OF CURRENT YEAR

Name of Artist_____ _____ Phone # _____

Address of Artist _____ _____ Email _____

City_____ State_____ Zip _____ Lic/Rec#:_____

Facility Name_____ Address _____

City_____ State_____ Zip_____ Business Phone # _____

What services are you requesting licensing for? Tattooing _____ Body Piercing _____ Both _____

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

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 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 he 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

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 Artist or Body Piercer Annual Payment: $75 Late Fee: $93.75 Pro-Rated after July 1: $37.50

_____ _____

Signature of Applicant Date