



Clark County Health Department

1201 Wall Street, Jeffersonville, IN 47130

Phone: (812) 282-7521 Fax: (812) 288-2711 Website: www.clarkhealth.net

Public Health
Prevent. Promote. Protect.

Application for Tattoo Artist and/or Body Piercer

Applicants Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Email: _____

Employment Facility: _____

Please Check One:

_____ Tattoo Artist/Body Piercer License - \$50

_____ Guest Tattoo Artist/Body Piercer License - \$25.00

_____ Temporary Event Permit - \$20 per day not to exceed \$100

_____ Artist/Guest License # _____

(Must have both Artist/or Guest License AND Temporary License for Temporary Event)

_____ **Event Location:** _____

Applicant's Printed Name

Date

Applicant's Signature

THE SECTION BELOW TO BE COMPLETED BY HEALTH DEPARTMENT STAFF ONLY

_____ Provided copy of the applicant's driver's license (applicant must be at least 18 years of age)

_____ Provided documentation of bloodborne pathogen training

_____ Applicant currently possesses a business permit (no artist fee is required)

_____ Tattoo Artist/Body Piercer License - \$50

_____ Guest Tattoo Artist/Body Piercer License - \$25.00

Total Payment \$ _____

Receipt Number _____

Permit Number _____

Establishment # _____

Date _____