



# 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 and/or Body Piercing Facility

Business/Entity Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please Check One:

\_\_\_\_\_ Business Permit - \$300

\_\_\_\_\_ Temporary Facility Permit - \$180

\_\_\_\_\_ 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:** \_\_\_\_\_

How many tattoo/body piercing artists are employed by organization/business? \_\_\_\_\_

Business Hours:      Monday \_\_\_\_\_      Tuesday \_\_\_\_\_      Wednesday \_\_\_\_\_  
                                 Thursday \_\_\_\_\_      Friday \_\_\_\_\_      Saturday \_\_\_\_\_  
                                 Sunday \_\_\_\_\_

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**\*THE SECTION BELOW TO BE COMPLETED BY HEALTH DEPARTMENT STAFF ONLY\***

\_\_\_\_\_ **Business Permit - \$300**

\_\_\_\_\_ **Temporary Facility Permit - \$180**

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

**Total Payment \$** \_\_\_\_\_

**Receipt Number** \_\_\_\_\_

**Permit Number** \_\_\_\_\_

**Establishment #** \_\_\_\_\_

**Date:** \_\_\_\_\_