

# HANCOCK COUNTY HEALTH DEPARTMENT

111 AMERICAN LEGION PLACE, ROOM 150 • GREENFIELD, IN 46140 • (317)477-1125 • FAX (317)477-1154

## 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: (    ) \_\_\_\_\_ Are you the Permitted Facility Owner? Yes No

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

Establishment Name: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone: (    ) \_\_\_\_\_ Business Fax: (    ) \_\_\_\_\_

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

---

Make all checks or money orders payable to: Hancock County Health Department

Permit Fee: \$50.00

Tattoo/Body Piercing Establishment Permits are non-transferable.  
This permit expires on December 31<sup>st</sup> of each year.

---

By signing this application, I agree to strictly follow all of Hancock County and the State of Indiana code(s), laws and regulations pertaining to the operation(s) of Tattoo/Body Piercing Establishments.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

---

### OFFICE USE ONLY

Permit Number: \_\_\_\_\_

Date Rcv'd: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Check Number: \_\_\_\_\_