

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 ESTABLISHMENT

Name of Establishment: _____ Phone: () _____

Address of Establishment: _____ Email: _____

City: _____ State: _____ Zip: _____ Fax: () _____

Please Answer the Following Questions

1. Specific Hours of Operation: (include the days of operation as well) _____

2. Number of Artists Employed at Establishment: _____

3. Please list individual Artists Name & Mailing Addresses Below: (use back of sheet for additional space)

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

4. Please list Establishment Owner(s) Name(s) & Mailing Addresses Below:(use back of sheet for additional space)

Name: _____ Address: _____ Phone: _____

5. Please circle the services your facility provides: Tattooing Body Piercing Both

6. Name of Infectious Waste Removal Company: _____

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

Permit Fee: \$100.00

Tattoo/Body Piercing Establishment Permits are non-transferable.
This permit expires on December 31st 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: _____