| BOONE COUNTY | HEALTH | DEPARTMENT |
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116 W. WASHINGTON STREET - LEBANON, IN 46052

www.boonecounty.in.gov

ENVIRONMENTAL DIVISION SUITE B201 (765) 483-4458 (765) 483-5243 Fax



NURSING & VITAL RECORDS DIVISION SUITE B202 (765) 482-3942 (765) 483-4450 FAX

Application Artist License

In order to obtain an Artist License, please fill out the application and attach the following:

- 1. A copy of driver's license or other form of identification verifying the artist is a minimum of eighteen (18) years of age; and
- 2. Current blood borne pathogen training certification in accordance with 20 CFR 1910.1030; and
- 3. Signed Hepatitis B waiver

| Name of Artist: | | | Telephone Number: |
|------------------|--------|------|-------------------|
| Mailing Address: | | | Email Address: |
| City: | State: | Zip: | Date of Birth: |

| Name of Establishment: | | | Telephone Number: |
|------------------------|--------|------|-------------------|
| Establishment Address: | | | |
| City: | State: | Zip: | |

| Regular Artist License \$75.00 | |
|--|--|
| *License expires December 31 of each year* | |

Signature of Artist signifies that above information is accurate and correct to the best of his/her knowledge. Artist agrees to comply with the Boone County Tattoo, Piercing, and Body Modification Ordinance.

| Signed | Date | |
|-------------------|---|--|
| [Fc | r Office Use Only] Permit Approved | |
| Permit Number | Environmentalist | |
| Check No. or Cash | Amount Paid | |
| ID Number | ***If you would like to use a Charge Card, please contact the office. | |