

# BOONE COUNTY HEALTH DEPARTMENT

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**

BOONE COUNTY  
HEALTH DEPARTMENT

## Application for Tattoo Establishment Permit

<b>Name of Business:</b>			<b>Telephone Number:</b>		
<b>Physical Location:</b>			<b>Fax Number:</b>		
<b>Mailing Address:</b>			<b>Email Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Emergency (After Hours) Telephone Number:</b>		
<b>Hours: Mon _____ Tues _____ Wed _____</b>					
<b>Thurs _____ Fri _____ Sat _____ Sun _____</b>					
<b>Manager's Name:</b>					
<b>Owner's Name:</b>			<b>Telephone Number:</b>		
<b>Mailing Address:</b>			<b>Fax Number:</b>		
<b>City:</b>			<b>State:</b>	<b>Zip Code:</b>	
<b>Sewage Disposal:</b>	<b>City _____</b>	<b>Private _____</b>	<b>Sterilization Equipment:</b>		
<b>Water Source:</b>	<b>City _____</b>	<b>Private _____</b>	<b>On site _____</b>		
			<b>Contracted _____</b>		

**Permit Fee\* \$300.00**

**\*Late fees for all Establishments will be \$100.00 if the permit is renewed after January 1st.**

**Temporary Permit Fee \$75.00/artist**

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**\*Permit must be acquired 14 days prior to event and expires 14 days after Start Date\*\***

**Send correspondence to: (check one)                      (1) Business Address \_\_\_\_\_      (2) Owner's Address \_\_\_\_\_**

I hereby certify the above information is correct and the Tattoo Establishment will be maintained in compliance with the Boone County Tattoo, Piercing, and Body Modification Ordinance.

I understand the Tattoo Establishment permit is not transferable and will be kept posted on the above mentioned premises.

**Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_**

Permit Issued \_\_\_\_\_

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

Check No. or Cash \_\_\_\_\_

ID Number \_\_\_\_\_

[For Office Use Only]

Permit Approved \_\_\_\_\_

Environmentalist \_\_\_\_\_

Amount Paid \_\_\_\_\_

\*\*\*If you would like to use a Charge Card, please contact the office.

**Name and Addresses of all Tattoo and/or Body Piercing Artists**

Artist Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone/Cell: \_\_\_\_\_

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Home Address: \_\_\_\_\_  
Home Phone/Cell: \_\_\_\_\_

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