



# Clark County Health Department

1201 Wall Street, Jeffersonville, IN 47130

Phone: (812) 282-7521 Fax: (812) 288-2711 Website: [www.clarkhealth.net](http://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 (Annual Mobile) - \$180

☐

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

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: \_\_\_\_\_