Wabash County Health Department

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TATTOO AND BODY PIERCING ARTIST PERMIT APPLICATION

All the information submitted on your permit application must be accurate and complete. Submission of false information is a violation of the tattoo ordinance and is subject to penalties. In order to obtain a permit for the tattoo and body piercing artist, the following information is required:

APPLICANT:				
FACILITY INFO	<u>PRMATION</u>			
NAME OF BUSINESS:				
LOCATION OF BUSINESS:				
MAILING ADDRESS:				
CITY: STA				
PHONE NUMBER: () CELL: (_)	FAX: (_)	
EMAIL ADDRESS:				
WEB PAGE URL:				
ARTIST INFOR				
FULL NAME:				
NICK NAME (If Applicable):				
YEARS OF EXPERIENCE: OTHER FACILITY	TIES YOU WORK	IN:		
HOME ADDRESS:				
CITY:				
CELL PHONE: () H				
E-MAIL ADDRESS:				
DATE OF BIRTH:/ AGE: SOCI	AL SECURITY N	UMBER:	-	
DRIVER'S LICENSE NUMBER:	State:	_ Expires:	/	/

TATTOO AND BODY PIERCING ARTIST PERMIT APPLICATION (Continued)

Please indicate all the services that you will provide in this facility:
☐ <i>Tattooing</i> - Inserting pigment under the surface of the skin by pricking with a needle or otherwise, to permanently change the color or appearance of the skin or to produce an indelible mark or figure visible through the skin. This includes but is not limited to, eyeliner, lip color, camouflage, stencil designs and free hand designs.
Body Piercing - The creation of an opening in the human body for the purpose of inserting jewelry or other decoration. This includes but is not limited to, piercing of an ear, lip, tongue, nose or eyebrow. Body piercing does not, for the purpose of this definition, include piercing the leading edge or earlobe of the ear with a sterile, disposable, single-use stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear.
☐ Permanent Cosmetics - The application of pigments to or under the skin of a human being for the purpose of permanently changing the color of other appearance of the skin. This includes, but is not limited to, permanent eyeliner, eye shadow, or lip color.
Applicant Signature:DATE:/
Print Name:
Be sure to provide proof of your Bloodborne Pathogen Training and First Aid Training
OFFICE USE ONLY
Application Approved: Environmental Specialist Signature:
Not Approved: Reason:
Permit Number: Permit Valid: From/ To/
Permit Fee: Payment: Cash Check Number Date://
Plan of Facility Submitted on:/ A List of Inventory Submitted on://