

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 2018 Tattoo Establishment Permit

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

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: _____

Artist Name: _____
Home Address: _____

Home Phone/Cell: _____

Artist Name: _____
Home Address: _____

Home Phone/Cell: _____

Artist Name: _____
Home Address: _____

Home Phone/Cell: _____

Artist Name: _____
Home Address: _____

Home Phone/Cell: _____

Artist Name: _____
Home Address: _____

Home Phone/Cell: _____