

# Henry County Health Department

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**Public Health**  
Prevent. Promote. Protect.

## Tattoo Artist Application

Name of Artist \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Send Mail To (select one)     Artist     Employer

Date of training completed \_\_\_\_\_

Location of training \_\_\_\_\_

Artist will be doing: (select one)     Tattoo     Piercing     Both

<b>Required Permit Fee:</b> <b>\$50.00</b>
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*I/we attest that the above information is accurate to my/our knowledge at this time. I/we further agree to comply with all applicable Henry County, Indiana ordinance and laws to include allowing the Henry County Health Department access to the establishment as required. I/we understand that this permit is non-transferable and that the associated fees are non-refundable. I/we further understand that a 25% delinquent permit renewal fee will be added after 30 days to all late renewals.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Permit/Receipt Number \_\_\_\_\_

Permit Fee Paid \_\_\_\_\_

Issue Date \_\_\_\_\_

Expiration Date \_\_\_\_\_