



715 Green Road, Madison, IN 47250
812 273-1942 Fax 812 273-1955

TATTOO, PERMANENT MAKEUP & BODY PIERCING
MOBILE/TEMPORARY FACILITY LICENSING APPLICATION

Name of Establishment: _____

Establishment Owner's Name: _____

Owner's Home Address: _____ City: _____ State: _____ Zip: _____

List date, time and location of events where mobile facility will be operated (must give 5 business days notice)

Dates: _____ Time of Operation: _____

Location: _____

Please list the name/address/phone of individual Artists who will be working (if any) in this mobile facility

1. _____

2. _____

3. _____

Check **all** services your temporary facility will provide:

TATTOOING BODY PIERCING PERMANENT MAKEUP

LICENSING REQUIRED BY
JEFFERSON COUNTY HEALTH DEPARTMENT COUNTY ORDINANCE # 2013-01

Make all checks or money orders payable to: Jefferson County Health Department

Fee is \$30.00 per Establishment per event

Signature of Applicant(s): _____ Date _____

PERMIT EXPIRES AT THE END OF EACH EVENT

OFFICE USE ONLY

Date Received _____ Check # _____ Cash Permit # _____ Receipt # _____

Permit Expires _____

Health Department Staff Signature