



**Body Art (Tattoo and Body Piercing) Permit Application**

**Body Art #** \_\_\_\_\_

**\*Instructions:**

1. Complete applicable sections
2. Sign and date application
3. Pay application fee of **\$100.00** (Cash, Check, Money Order, or Debit/Credit – 3% fee will apply)

**\*Permit expires December 31<sup>st</sup> of the current year. This fee is non-refundable\***

**Type of Operation: (check all that apply)**    Tattoo \_\_\_\_\_ Body Piercing \_\_\_\_\_ Brow/Makeup \_\_\_\_\_ Temporary \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Operator/Owner Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address: (if different from above)** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Days of Operation:** \_\_\_\_\_ **Hours of Operation:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Body Art Plan Approval Checklist (The following are required with initial application. Mark "X" beside each if attached)**

**\*Additional documentation for requirements below must be attached with this application\***

**Total area used for business: (sq. ft)** \_\_\_\_\_

**Lighting Plan:** \_\_\_\_\_

**Entrance / Exit marked:** \_\_\_\_\_

**Floor Plan:** \_\_\_\_\_

**Infectious Waste Pickup:** \_\_\_\_\_

**Appropriate Body Art Training:** \_\_\_\_\_

**List of All Equipment Used:** \_\_\_\_\_

**First Aid Training:** \_\_\_\_\_

**Blood Borne Pathogen Training:** \_\_\_\_\_

**Number, Location, and types of plumbing fixtures; including water supply facilities:** \_\_\_\_\_

**Floor Space for Body Art: > 36 ft. sq.** \_\_\_\_\_

**Facility > 100 ft. sq.** \_\_\_\_\_

**\*For Health Department Use Only\***

**REHS's Name:** \_\_\_\_\_

**Approved for Permit:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Date of Site Investigation:** \_\_\_\_\_

**Cash:** \_\_\_ **Check #:** \_\_\_\_\_ **Card:** \_\_\_ **Receipt #:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**OUR MISSION:**

To improve public health in Perry County by preventing disease, promoting health and safety, and protecting our environment.

