



# FLOYD COUNTY HEALTH DEPARTMENT

1917 BONO ROAD • NEW ALBANY, INDIANA 47150

PHONE (812) 948-4726 • FAX (812) 948-2208

WEBSITE: WWW.FLOYDCOUNTYHEALTH.ORG

Office Hours: Monday – Friday, 8:00 AM – 4:00 PM

## Application for Guest Tattoo and/or Body Piercing License

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Facility where employed: \_\_\_\_\_

### Please check one:

Guest Tattoo Artist License \_\_\_\_\_

Guest Body Piercing License \_\_\_\_\_

Guest Tattoo Artist-Body Piercing License \_\_\_\_\_

\_\_\_\_\_  
Applicant's Printed Name/Date

\_\_\_\_\_  
Applicant's Signature/Date

**If applicant is an apprentice, the mentor's signature is also required.**

\_\_\_\_\_  
Mentor's Printed Name/Date

\_\_\_\_\_  
Mentor's Signature/Date

### For Office Use Only!

#### Please place initial by appropriate answer(s)

1. Provided copy of the applicant's driver's license (applicant must be at least 18 years of age). \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Provided documentation of blood borne pathogen training? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Has applicant received the Hepatitis B vaccine? (strongly recommended) \_\_\_\_\_ Yes \_\_\_\_\_ No

\* If all information has been submitted to the Health Department, a permit may be issued to the above-mentioned individual.

EHS Signature: \_\_\_\_\_ Approved/Disapproved Date: \_\_\_\_\_

### For Office Use Only!

License # Issued: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Employee's Initials \_\_\_\_\_