

TIPPECANOE COUNTY HEALTH DEPARTMENT
Jeremy P. Adler, M.D., Health Officer
20 North Third Street
Lafayette, Indiana 47901
<http://www.tippecanoe.in.gov/health>

(Phone) 765-423-9221 (Fax) 765-423-9154

Tippecanoe County Body Art Establishment Application

Tippecanoe County Ordinance 2015-13-CM

Failure to Complete this Application in its' ENTIRETY will Delay your Permit and Result in Possible Closure.

Establishment's Name _____
Address of Establishment _____
City _____ Zip _____
Telephone _____
E-mail _____

Please Answer the Following Questions:

1. Specific Hours of Operation (including days) _____
2. Number of Artists Employed at Establishment _____
3. Name of Artist(s) _____

4. Establishment Owner & Address _____
5. Circle the Services your Facility Provides Tattoo Body Piercing Both
6. Name of Infectious Waste Company _____
7. Name of Manufacturer, Model Number, Model Year and Serial Number of Autoclave used (if used)

A copy of the exposure report plan must be submitted with this application, as well as a copy of the a photo ID of applicant

If a new Establishment, please attach a "to scale" drawing of floor plan for plan review

FEE

Establishment \$200.00

Late Fee 125%

(A late fee is assessed if the permit is renewed after the last day of the renewal month and includes the annual fee)

AU artists shall comply with minimum training requirements as required in Ordinance No. 2015-13-CM

_____, hereby apply to practice as a Body Art Artist as part of my establishment's permit for my Tattoo/Body Establishment in Tippecanoe County, Indiana. I also agree to strictly follow all of Tippecanoe County and the State of Indiana codes, laws and regulations pertaining to the operation of Body Art Establishments. All applicable documentation must be submitted with this permit application. In addition, I understand that I must maintain required documentation of all artists who work in my facility and will do so.

By signing below, I am agreeing to all conditions listed herein and verify the information provided is accurate.

Signature: _____ Date: _____