

Annual Tattoo, Piercing and Body Modification Application

Send completed application with payment to:
Hendricks County Health Department
355 South Washington St. G30, Danville, IN 46122
Phone (317) 745-9217 • Fax (317) 745-9218



Public Health
Prevent. Promote. Protect.

Hendricks County Health Department

Facility Information

Number of Booths or Stations _____ x \$50.00 = _____ Fee enclosed

Facility Name: _____

Facility Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Please list dates and hours of operation: _____

Operator Information

Operator Name: _____

Operator Address: _____

Phone: _____ Fax: _____

Email: _____

Please note Body Modification permits are non-transferable. Permit issued applies only to the above owner. A new permit must be obtained whenever there is a change in ownership. The Body Modification permit issued applies only to the above-specified establishment and cannot be used to cover a different establishment or location.

1. How many booths are in the facility? _____
2. How many artists are employed at this facility? _____
3. How many hand sinks are available within the facility? _____
4. Company providing hazardous waste disposal? _____

I, the undersigned, do now affirm under penalties of Perjury that the foregoing information and/or representations are true and that each facility will meet State requirements and local requirements of the Health Department of Hendricks County, Indiana.

Signature: _____ Date: _____
(Owner)

Signature: _____ Date: _____
(Operator)

For office use only: Receipt # _____ Receipt Amount \$ _____ Date Payment Received: _____

Information Required for All Working Artists

Artist Name: _____

Address: _____ State _____ Zip _____

Phone: _____ Mobile Phone: _____

Driver's License or Photo ID ☐

Photograph of Artist ☐

Current Bloodborne Pathogen Training Certificate ☐

Hepatitis B Vaccination Record or Hepatitis B Vaccination Declination Statement ☐

Artist Name: _____

Address: _____ State _____ Zip _____

Phone: _____ Mobile Phone: _____

Driver's License or Photo ID ☐

Photograph of Artist ☐

Current Bloodborne Pathogen Training Certificate ☐

Hepatitis B Vaccination Record or Hepatitis B Vaccination Declination Statement ☐

Artist Name: _____

Address: _____ State _____ Zip _____

Phone: _____ Mobile Phone: _____

Driver's License or Photo ID ☐

Photograph of Artist ☐

Current Bloodborne Pathogen Training Certificate ☐

Hepatitis B Vaccination Record or Hepatitis B Vaccination Declination Statement ☐

Artist Name: _____

Address: _____ State _____ Zip _____

Phone: _____ Mobile Phone: _____

Driver's License or Photo ID ☐

Photograph of Artist ☐

Current Bloodborne Pathogen Training Certificate ☐

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