



Public Health
Prevent. Promote. Protect.

Hendricks County Health Department

Temporary 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

Booth/Station Information

Name of Event: _____

Date(s) of Event: _____

Booth Name: _____

Number of Artist in Booth: _____ x \$50.00 = _____

List dates and hours of Booth operation: _____

Booth Owner/Operator Information

Owner/Operator Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile Phone: _____

Please attach client application and aftercare instructions that will be handed out to your patrons. In addition, the day of show you must have a copy of your latest spore test result (if applicable) to be given to Health Department staff prior to opening the booth.

***Please note Body Modification permits are non-transferable.** Permit issued applies only to the above booth/station, and to the listed temporary event.

I, the undersigned, affirm that the foregoing information and representations are true, and I understand that any booth operator and artist will be immediately removed from the premises if the Health Department determines that they do not meet State and local requirements of 410 IAC 1-5, IC 35-42-2-7 and Hendricks County Health Department Ordinance 2018-01.

Signature: _____ Date: _____
(Booth Owner/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