



Public Health
Prevent. Promote. Protect.

Hendricks County Health Department

Temporary Event 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

Event Information

Name of Event: _____

Event Venue: _____

Event Venue Address: _____

Venue Owner Contact: _____

Date(s) and Hours of Operation of Event: _____

Total number of Artist Stations: _____ x \$25.00 = _____ Fee enclosed

Event Coordinator

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile Phone: _____

Email: _____

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

Required thirty (30) days prior to operation:

1. Prepared plans, to scale or with measurements, of the proposed layout including the locations of all artist stations and booths, hand washing sinks, waste receptacles, and restrooms.
2. Copy of a contract or other documentation with an infectious waste removal company.
3. Written standard procedures meeting IOSHA Bloodborne Pathogen Standard (29 CFR 1910.1030).

I, the undersigned, affirm that the foregoing information and representations are true, and that any booth 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: _____
(Event Coordinator)

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Signature: _____ Date: _____
(Venue Owner/Operator)

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