



APPLICATION FOR PERMIT TO PERFORM BODY PIERCING AND/OR TATTOOING

Owner / Operator's name: _____

Address: _____

Phone No.: ()

Company's Name:

Company's Address:

Company's Phone No.: ()

Date(s) of Event: _____

Address of Event: _____

Type of Equipment Used

I (WE), HEREBY AGREE TO COMPLY WITH ALL LAWS AND REGULATIONS, STATE, AND LOCAL, WHICH ARE APPLICABLE TO TATTOOING AND BODY PIERCING.

Signature of Applicant

Date

Below to be Completed By the Health Department

Date Permit Issued: _____ Date Permit Denied: _____

Permit No.: _____ Date \$305.00 Fee Paid: _____

Comments: _____

Sanitarian Signature: _____ Date: _____