

YEAR <u>2020</u>

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.: ()
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
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Below to be Co	ompleted By the Health Department
Date Permit Issued:	Date Permit Denied:
Permit No.: Comments:	
Sanitarian Signature:	Date:

Successfully serving the families of our community for more than 90 years