



1616 Smith St
 Logansport, Indiana 46947
 www.co.cass.in.us
 Office :574-753-7760 Fax: 574-753-7039

Application for a Tattoo/Permanent Make-up/Body Piercer /Microblading Establishment Permit **\$300.00**

By this application, it is agreed that the business will comply with the provisions of the Indiana State Department of Health Rule 410 IAC-1-5 Tattoo Rule and Cass County Ordinance 99-03. It is further agree that the establishment shall be open to inspection by agents of existing permit. The business operator shall provide an accurate list of Tattoo Artists under establishment supervision to the health department and notify the department when changes occur.

PERMITS ARE NON-TRANSFERABLE AND EXPIRE DEC 31ST OF EACH YEAR

Complete and return with proper payment for establishment

| | | | |
|---|-------|---|-----------|
| Name of Business : | | | |
| Business Location: | | Business Telephone : _____ | |
| | | Emergency Telephone: _____ | |
| Mailing Address: | City: | State: | Zip code: |
| Operator of Business : | | On-Site Mgr. : | |
| Building Owner : | | Name of Artist employee and Permit #: | |
| _____ | | 1. _____ | |
| _____ | | 2. _____ | |
| | | 3. _____ | |
| Hours of operation : Sun:_____ Mon:_____ Tues:_____ | | Public Water Supply: YES NO (circle one) | |
| Wed:_____ Thurs:_____ Fri:_____ Sat:_____ | | Public Sewage Disposal: YES NO (circle one) | |
| Signature: _____ | | Title: _____ | |
| Print Name: _____ | | Date: ___/___/___ | |
| <u>OFFICE USE ONLY</u> | | | |
| Permit File Date : ___/___/___ | | Permit Number: _____ | |
| Amount Paid : _____ | | CASH CREDIT CARD CHECK | |
| | | CHECK # _____ | |
| Date: ___/___/___ | | Date Expires : ___/___/___ | |
| | | Initials: _____ | |