



FLOYD COUNTY HEALTH DEPARTMENT

1917 BONO ROAD • NEW ALBANY, INDIANA 47150

PHONE (812) 948-4726 • FAX (812) 948-2208

WEBSITE: WWW.FLOYDCOUNTYHEALTH.ORG

Office Hours: Monday – Friday, 8:00 AM – 4:00 PM

Application for Tattoo and/or Body Piercing License

Legal Name: _____

Alias: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Facility where employed: _____

Please check one:

Tattoo Artist License _____

Body Piercing License _____

Tattoo Artist-Body Piercing License _____

Applicant's Printed Name/Date

Applicant's Signature/Date

If applicant is an apprentice, the mentor's signature is also required.

Mentor's Printed Name/Date

Mentor's Signature/Date

For Office Use Only!

Please place initial by appropriate answer(s)

1. Provided copy of the applicant's driver's license (applicant must be at least 18 years of age). _____ Yes _____ No
2. Provided documentation of blood borne pathogen training? _____ Yes _____ No
3. Has applicant received the Hepatitis B vaccine? (strongly recommended) _____ Yes _____ No

* If all information has been submitted to the Health Department, a permit may be issued to the above-mentioned individual.

EHS Signature: _____ Approved/Disapproved Date: _____

For Office Use Only!

License # Issued: _____ Amount Paid: _____ Employee's Initials _____