



# 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 Facility

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Please check one:

Tattoo & Body Piercing Facility \_\_\_\_\_

Tattoo Facility \_\_\_\_\_

Body Piercing Facility \_\_\_\_\_

Is your business a sole proprietorship? \_\_\_\_\_

How many tattoo/body piercing artists and apprentices are at your facility (attach list of artists names)? \_\_\_\_\_

Days and Hours of Opera- \_\_\_\_\_

\_\_\_\_\_  
Signature of Facility Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Facility Owner

### For Office Use Only!

Please place initial by appropriate answer(s)

1. Have all OSHA requirements been met and the paperwork submitted to the Health Department? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Has facility developed a written policy in compliance with the Health Department's ordinance and OSHA requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

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

EHS Signature: \_\_\_\_\_ Approved/Disapproved Date: \_\_\_\_\_

### For Office Use Only!

Permit # Issued: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Employee's Initials \_\_\_\_\_