

Clay County Health Department

18 N Walnut St. Brazil, IN 47834

812-448-9021

Body Art Establishment Application

Name of Establishment: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Hours of Operation: _____

Owner Name(s): _____

Home address: _____

Cell: _____ Email: _____

Body Art Establishment

Full Year _____ \$150

Mobile Body Art Establishment

Date Opening: _____ Date Closing: _____

Event Fee _____ \$75

Permit expires after 14 days or conclusion of special event; whichever is less

All mobile body art establishment permits must be acquired 14 days prior to opening date

Application must include a copy of the Operators valid government issued ID and a copy of their valid Blood Borne Pathogen Certificate in accordance with 20 CFR 1910.1030.

Signature of Operator: _____

Signature of operator signifies that above information is accurate and correct to the best of his/her knowledge. Operator agrees to comply with the Clay County Tattoo & Body Piercing Ordinance.

Name and addresses of all tattoo and or body piercing artist

Artist Name: _____

Home Address: _____

Home Phone: _____

Artist Name: _____

Home Address: _____

Home Phone: _____

Artist Name: _____

Home Address: _____

Home Phone: _____

Artist Name: _____

Home Address: _____

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