

# La Porte County Health Department



*"To engage and partner in a collaborative and responsive effort with the community and local organizations with respect to the diversity of the community to better serve present and future generations."*

## Application for Tattoo and/or Body Piercing Practitioner, Temporary Practitioner and Apprentice

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone Number: (        ) \_\_\_\_\_

**Please check one:**

Tattoo & Body Piercing Practitioner: \_\_\_\_\_ Tattoo Practitioner: \_\_\_\_\_ Body Piercing Practitioner: \_\_\_\_\_

Tattoo & Body Piercing Temporary: \_\_\_\_\_ Tattoo Temporary: \_\_\_\_\_ Body Piercing Temporary: \_\_\_\_\_

Tattoo & Body Piercing Apprentice: \_\_\_\_\_ Tattoo Apprentice: \_\_\_\_\_ Body Piercing Apprentice: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant / Date

\_\_\_\_\_  
Signature of Applicant / Date

\_\_\_\_\_  
Mentor's Name Printed / Date  
**(Required for Apprentice Permit)**

\_\_\_\_\_  
Mentor's Signature / Date  
**(Required for Apprentice Permit)**

Name of Tattoo Facility where employed: \_\_\_\_\_

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

<b>FOR OFFICE USE ONLY!</b>	
Date Paid: _____	Fee Paid: _____
Transaction #: _____	Late Fee: _____
Dept Employee: _____	Total Paid: _____
Type of Permit Issued: _____	
Provided documentation of blood borne pathogen training?	
Yes___ No___	
<b>2014</b>	