

Wabash County Health Department
89 West Hill Street, Wabash, Indiana 46992
Phone: 260-563-0661 ext. 1251; Fax: 260-563-6082
WEBSITE: environmental.wabashcounty85.us; E-mail: jscott@wabashcounty.in.gov

TATTOO AND BODY PIERCING *FACILITY* PERMIT APPLICATION

All the information submitted on your permit application must be accurate and complete. Submission of false information is a violation of the tattoo ordinance and is subject to penalties. In order to obtain a permit for the operation of a tattoo and body piercing facility, the following information is required:

APPLICANT: _____

NAME OF BUSINESS: _____

LOCATION OF BUSINESS: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE NUMBER: (____) _____ **CELL:** (____) _____ **FAX:** (____) _____

E-MAIL ADDRESS: _____

WEB PAGE URL: _____

NUMBER OF ARTIST IN THIS FACILITY (including self): *Full-time:* _____ *Part-time:* _____

TYPE OF PROCEDURES OFFERED AT YOUR FACILITY? _____

THE LEGAL STATUS OF THE PERMITEE IS: *Individual* ____ *Partnership* ____ *Other:* _____

IF THE PERMITEE IS A PARTNERSHIP, PLEASE STATE NAME, ADDRESS AND PHONE NUMBER OF THE PARTNER (S): _____

HOURS OF OPERATION:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Open _____	Open _____	Open _____	Open _____	Open _____	Open _____	Open _____
Close _____	Close _____	Close _____	Close _____	Close _____	Close _____	Close _____

**TATTOO AND BODY PIERCING FACILITY
PERMIT APPLICATION (Continued)**

Regardless of type of permit (individual, partnership, etc.) state here information concerning the individual **LOCALLY RESPONSIBLE FOR THE MANAGEMENT** of this facility.

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: (____) _____ HOME PHONE: (____) _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: ____/____/____ AGE: ____ SOCIAL SECURITY NUMBER: ____ - ____ - ____

DRIVER'S LICENSE NUMBER: _____ State: _____ Expires: ____/____/____

A copy of your driver's license/picture ID is REQUIRED to be attached to this document.

IS THIS FACILITY INSURED: Y or N INSURANCE ID NUMBER: _____

INSURANCE COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PHONE: (____) _____ E-MAIL ADDRESS: _____

APPLICANT SIGNATURE: _____ DATE: ____/____/____

PRINT NAME: _____

OFFICE USE ONLY

Application Approved: Y or N Reviewed By: _____

Reason Not Approved: _____

Permit Number: _____ Permit Valid: From ____/____/____ To ____/____/____

Permit Fee: _____ Payment: Cash _____ Check Number _____ Date: ____/____/____