



# St. Joseph County Health Department

*"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"*

## Application for Tattoo and/or Body Piercing Facility / Mobile Facility

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please check one:**

Tattoo & Body Piercing Facility:	_____	Tattoo & Body Piercing Mobile Facility:	_____
Tattoo Facility:	_____	Tattoo Mobile Facility:	_____
Body Piercing Facility:	_____	Body Piercing Mobile Facility:	_____

Days and Hours of Operation: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

<b>For Office Use Only!</b>		
<b>Please place initial by appropriate answer(s)</b>		
1. Have all OSHA requirements been met and the paperwork submitted to the Health Department? (EHS will Initial)	Yes _____	No _____
2. Has the applicant submitted an employment or business history for the past three (3) years?	Yes _____	No _____
3. Was documentation provided for the proper zoning:	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: _____

<b>For Office Use Only!</b>		
Transaction #: _____	Amount Paid: _____	Employee's Initials: _____

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1. The applicant will submit an employment or business history for the past three (3) years:

**Please list all employment or business history**

Dates: \_\_\_\_\_

Company: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Dates: \_\_\_\_\_

Company: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Dates: \_\_\_\_\_

Company: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Dates: \_\_\_\_\_

Company: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Dates: \_\_\_\_\_

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Telephone No. \_\_\_\_\_

Dates: \_\_\_\_\_

Company: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone No. \_\_\_\_\_

**Issuance of permit approval constitutes completion of all OSHA requirements.**