



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”

TATTOO AND BODY PIERCING AFFIDAVIT OF OPERATION

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Phone (574) 235-9721

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I, _____
Full Name (Please Print)

of _____
Establishment Name

located at _____
Establishment Address

certify by my signature, that I do not in fact offer to any customer any service that meets the definition of the St. Joseph County Tattooing and Body Piercing Ordinance 96-02. I have been furnished the definition of both of these services as outlined in the Guide for Sanitary Operations of Tattoo and Body Piercing Facilities in Indiana and reject that any service offered by the staff and/or the facility meets either definition. I understand that if I offer any service to customers meeting the definition of either tattooing or body piercing, I will immediately apply for a facility permit and any necessary practitioner permit(s) and will be subject to all rules and regulations under the Indiana State Guide for Sanitary Operations of Tattoo and Body Piercing Facilities and St. Joseph County Tattooing and Body Piercing Ordinance 96-02. I understand that if found to be offering such services to a customer without a facility permit and any necessary practitioner permit(s), I will be subject to penalties under Section 10.38.140 for operating without a permit under Section 10.38.090 of the St. Joseph County Tattoo and Body Piercing Ordinance.

Signature

Date

Cc: Original to Above Signed
Copy to Health Department File

For Office Use Only!

Verified By: _____ Date: _____