

Tattoo And Body Piercing
Vigo County Health Department
147 Oak Street, Terre Haute, Indiana 47807
812-462-3281

2025 APPLICATION FOR TEMPORARY ARTIST LICENSE

In order to obtain a temporary artist license, please fill out the application and include the following information:

1. A copy of driver's license or other form of identification verifying artist is at a minimum of eighteen (18) years of age; and
2. Current blood borne pathogen certification in accordance with 20 CFR 1910.1030; and
3. Completed Supervision Agreement (attached)
4. CPR Certification

A. NAME AND ADDRESS OF APPLICANT:

Name: _____

Home Address, City, State & Zip: _____

Home Phone: () _____ Cell: () _____

Email: _____

B. NAME AND ADDRESS OF ESTABLISHMENT:

(Must be currently permitted in Vigo County):

Name of Establishment: _____

Address: _____

City, State & Zip: _____

C. LICENSE FEE:

Temporary Artist License...\$50.00

***LICENSE EXPIRES DECEMBER 31 OF EACH YEAR**

DATE OF APPLICATION: _____ AMOUNT ENCLOSED: _____

SIGNATURE OF ARTIST: _____

Signature of Artist signifies that above information is accurate and correct to the best of his/her knowledge. Artist agrees to comply with the Vigo County Body Art & Ear Piercing Ordinance.

****MAKE CHECKS PAYABLE TO: VIGO COUNTY HEALTH DEPARTMENT

FOR HEALTH DEPT. USE ONLY

AMOUNT PAID:\$ _____ RECEIPT#: _____ ENVIRONMENTALIST _____ CLERK _____

Supervision Agreement for Temporary Artist License

(Please print or type)

Applicant's Information:

Name: _____

Signature: _____ Date: _____

I hereby certify and affirm, under the penalty of perjury, that the information on this form is correct. I understand that, as a temporary licensed tattoo artist and/or body piercer, I may practice only under the supervision of the below named supervisor in accordance with the Vigo County Body Art and Ear Piercing Ordinance.

Supervision Information: (to be completed by the Supervising Tattoo Artist(s) and/or Body Piercer(s))

Name of Supervisor: _____
(Must have valid Regular Artist License)

Signature: _____ Date: _____

I hereby certify and affirm, under the penalty of perjury, that the information on this form is correct and I will provide supervision for this applicant at all times when practicing at the above listed establishment. I understand and accept fully that I am responsible for the practice of the artist once the temporary license is issued. I agree that I will contact the Vigo County Health Department, in writing, when this agreement has been terminated.
