

VIGO COUNTY HEALTH DEPARTMENT
147 OAK STREET, TERRE HAUTE, INDIANA 47807
812-462-3281
2025 BODY ART ESTABLISHMENT APPLICATION

Dear Operator: This is the application form for your Operating Permit for Body Art Establishment(s) or Mobile Body Art Establishment(s). **Please sign in Ink.**

A. NAME AND ADDRESS OF ESTABLISHMENT:

NAME OF ESTABLISHMENT: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE : (____) _____

HOURS OF OPERATION: _____

B. NAME AND ADDRESS OF OWNERS:

OWNER NAME (S): _____

HOME ADDRESS: _____

CELL (____) _____ EMAIL: _____

C. PLEASE CHECK ONE TYPE OF ESTABLISHMENT TO DETERMINE FEE:

BODY ART ESTABLISHMENT:

() FULL YEAR \$225.00

() JULY 1 THRU DECEMBER 31. \$112.50

***PERMIT EXPIRES DECEMBER 31 OF EACH YEAR**

MOBILE BODY ART ESTABLISHMENT:

DATE OPENING: _____

DATE CLOSING: _____

() EVENT FEE: \$150.00

***PERMIT EXPIRES AFTER 14 DAYS OR CONCLUSION OF SPECIAL EVENT; WHICHEVER IS LESS**

***ALL MOBILE BODY ART ESTABLISHMENT PERMITS MUST BE ACQUIRED 14 DAYS PRIOR TO OPENING DATE**

DATE OF APPLICATION: _____ **AMOUNT ENCLOSED:** _____

SIGNATURE OF OPERATOR: _____

SIGNATURE OF OPERATOR SIGNIFIES THAT ABOVE INFORMATION IS ACCURATE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE. OPEATOR AGREES TO COMPLY WITH THE VIGO COUNTY TATTOO & BODY PIERCING ORDINANCE.

FOR HEALTH DEPT. USE ONLY

RECEIPT# _____ PERMIT # _____ ENVIRONMENTALIST _____ CLERK _____

NAME AND ADDRESSES OF ALL TATTOO AND OR BODY PIERCING ARTISTS

ARTIST NAME: _____
HOME ADDRESS: _____
HOME PHONE: (____)_____

ARTIST NAME: _____
HOME ADDRESS: _____
HOME PHONE: (____)_____

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