TATTOO AND BODY PIERCING

Vigo County Health Department

147 Oak St., Terre Haute, IN 47807

**812-462-3281**

# 2025 ARTIST LICENSE RENEWAL FORM

**\*\*Application must be received in our office on or before January 14, 2025.\*\***

**In order to renew a temporary or regular artist license, please fill out the application and include the following information:**

1. **Current blood borne pathogen certification in accordance with 20 CFR 1910.1030; and**
2. **Supervision Agreement (see back of sheet), if renewing temporary artist license**
3. **NAME AND ADDRESS OF ARTIST**:

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City, State & Zip**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell**: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like your license mailed to this address: Yes\_\_\_\_\_ No\_\_\_\_\_\_

(If not, it will be mailed to the body art establishment)

1. **NAME AND ADDRESS OF ESTABLISHMENT:**

**NAME OF ESTABLISHMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY, STATE & ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **LICENSE FEE:**

**Temporary Artist License. . . $50.00**

**Regular Artist License. . . .$75.00**

**\*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.

-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## 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.*

*-------------------------------------------------------------------------------------------------------------------------------------------------------------*