TATTOO AND BODY PIERCING

Vigo County Health Department

147 Oak St., Terre Haute, IN 47807

**812-462-3281**

# 2022 APPLICATION FOR REGULAR ARTIST LICENSE

**In order to obtain a regular 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**

1. **Current blood borne pathogen certification in accordance with 20 CFR 1910.1030; and**
2. **Proof artist has successfully passed a written exam administered by the Vigo County**

**Health Department; and**

1. **Proof of training and experience according to 3-56.03 (D)1c**
2. **NAME AND ADDRESS OF ARTIST**:

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

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

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

**Home Phone**: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell**: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

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

1. **LICENSE FEE:**

**Regular 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.

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## FOR HEALTH DEPT USE ONLY:

**AMOUNT PAID:$ RECEIPT# ENVIRONMENTALIST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLERK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**