

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

**A. 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)

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

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

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

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

**C. 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.*

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