

St. Joseph County Health Department



"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

Application for Tattoo and/or Body Piercing, Practitioner, Temporary Practitioner and Apprentice

Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Tattoo & Body Piercing Practitioner: _____ Tattoo Practitioner: _____ Body Piercing Practitioner: _____
 Tattoo & Body Piercing Temporary: _____ Tattoo Temporary: _____ Body Piercing Temporary: _____
 Tattoo & Body Piercing Apprentice: _____ Tattoo Apprentice: _____ Body Piercing Apprentice: _____

If the Applicant is an Apprentice a Mentor's Name and Signature are required!

 Printed Name of Applicant / Date

 Signature of Applicant / Date

 Mentor's Printed Name / Date

 Mentor's Signature / Date

For Office Use Only!

Practitioner and Apprentice Information

- 1. Copy of the applicant's driver's license? Yes _____ No _____
- 2. Copy of a certified birth certificate? Yes _____ No _____
- 3. Provided High School Diploma or certificate of GED? Yes _____ No _____
- 4. Documentation provided of professional certification, associations or memberships relevant by the above-mentioned Ordinance? Yes _____ No _____
- 5. Documentation provided of all work/training experience including dates, addresses, telephone numbers and supervisors' names? Yes _____ No _____
- 6. A statement provided by a medical physician dated within 30 days preceding the date of the application stating that the applicant is free of any communicable disease? Yes _____ No _____
- 7. Provided documentation of blood borne pathogen training? Yes _____ No _____
- 8. If an Apprentice, provided documentation of Mentor's valid St. Joseph County Health Department Tattoo and/or Body Piercing Permit? Yes _____ No _____

T/BPS Signature: _____ Approved / Disapproved Date: _____

For Office Use Only!

Transaction #: _____ Amount Paid: _____ Employee's Initials: _____

List all previous employment where services rendered were related to this field, (attach additional sheets if necessary).

Dates: _____

Dates: _____

Company: _____

Company: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Supervisor: _____

Supervisor: _____

Telephone Number: _____

Telephone Number: _____

Dates: _____

Dates: _____

Company: _____

Company: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Supervisor: _____

Supervisor: _____

Telephone Number: _____

Telephone Number: _____

Dates: _____

Dates: _____

Company: _____

Company: _____

Address: _____

Address: _____

City, State, Zip: _____

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Supervisor: _____

Telephone Number: _____

Telephone Number: _____