



# 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"*

## Request for Variance, Exemption, or Exception

Reference: Title 10, St, Joseph County Tattoo and Body Piercing Ordinance 96-02

### 1. Under Section 10.38.130, titled "Variations" -

I hereby request a variance of the "**provisions of minimum age**" under Section 10.38.070, entitled "Application for Practitioner's, Temporary Practitioner's, and Apprentice."

Printed Name: \_\_\_\_\_

My 21<sup>st</sup> Birthday will be on: \_\_\_\_\_, 20\_\_\_\_\_.

Place of Employment: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 2. Under Section 10.38.130, titled "Variations" –

I hereby request a variance of the provisions of a "**high school diploma or GED**" under Section 10.38.070, entitled "Application for Practitioner's, Temporary Practitioner's, and Apprentice."

I certify, by my signature, that I will enroll in and pursue my high school diploma or GED, and will provide documentation to the St. Joseph County Health Department demonstrating my acceptance into a sanctioned program.

I understand that failure, on my part, to either enter into a high school diploma or GED program recognized by the State of Indiana, or failure to provide periodic progress reports following approval of this variance, shall effectively cancel the variance resulting in revocation of my practitioner's permit upon notification by the Health Department.

Printed Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only!

Date: \_\_\_\_\_

\_\_\_\_\_  
Tony Mancuso  
Environmental Health Manager

Cc: Original Kept On File at Health Dept.  
Copy to Practitioner

\_\_\_\_\_  
Janice M. Carson, M.D.  
Health Officer