



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"

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

Legal Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: () _____

Please check one:

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: _____

Printed Name of Applicant / Date

Signature of Applicant / Date

Mentor's Name Printed / Date
(Required for Apprentice Permit)

Mentor's Signature / Date
(Required for Apprentice Permit)

Name of Tattoo Facility where employed: _____

For Office Use Only!
(more space available on reverse side)

Transaction #: _____ Amount Paid: _____ Date Paid: _____

Employee's Initials: _____ Type of Permit Issued: _____

Provided documentation of blood borne pathogen training? (EHS will initial) Yes ____ No ____

EHS Signature: _____ Approved / Disapproved Date: _____

Transaction #: _____ Amount Paid: _____ Date Paid: _____

Employee's Initials: _____ Type of Permit Issued: _____

Provided documentation of blood borne pathogen training? (EHS will initial) Yes ____ No ____

EHS Signature: _____ Approved / Disapproved Date: _____