



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 Facility / Mobile Facility

Name of Facility: _____

Address of Facility: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ E-Mail: _____

Please check one:

Tattoo & Body Piercing Facility:	_____	Tattoo & Body Piercing Mobile Facility:	_____
Tattoo Facility:	_____	Tattoo Mobile Facility:	_____
Body Piercing Facility:	_____	Body Piercing Mobile Facility:	_____

Days and Hours of Operation: _____

Signature of Facility Owner

Date

Printed Name of Facility Owner

No Personal Checks are accepted. We will accept money orders, cashier’s checks, business checks and Visa or MasterCard. Please Note: We are not able to process credit card transactions by phone or by mail.

Permit renewals are now being accepted through the mail. Please include a self-addressed stamped envelope with the two hundred dollars (\$200.00) renewal fee to obtain your permit by mail. Please allow five (5) business days for processing.

For Office Use Only!		
Transaction #:	_____	Amount Paid: _____ Date Paid: _____
Employee’s Initials:	_____	Type of Permit Issued: _____