

DeKalb County Health Department

220 E 7th Street, Suite 110

Auburn, IN 46706

Phone: 925-2220

Fax: 925-2090

APPLICATION FOR ANNUAL TATTOO/BODY PIERCING FACILITY PERMIT

Name of Establishment _____

Name of Owner _____ **Phone** _____

Establishment Address _____

Correspondence Address
(If different from establishment address) _____

Hours of Operation: Mon.-Fri. _____ **Days Closed** _____

Number of Permitted Tattoo Artists/Body Piercers _____

Names and Addresses of each and every tattoo artist or body piercer at the establishment

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DeKalb County Ordinance 2001-6 Section 1-19: "Each tattoo or body piercing facility shall obtain a permit from the DeKalb County Health Department. The cost for this permit shall be \$250.00 and shall not be transferable. The permit expires on December 31 of each year. Any holder of a permit shall be subject to inspection as set forth herein."

The signature below signifies that the applicant consents to the entrance, inspection, and search by the Health Officer, without a warrant or other process, of their premises and machines to determine whether he or she is complying with the provisions of DeKalb County Ordinance No. 2001-6 for the duration of the permit term.

For Office Use Only:

Permit Number _____

Fee Paid _____

Date _____

Signature of Applicant