



JOHNSON COUNTY HEALTH DEPARTMENT
86 West Court Street, Franklin Indiana 46131
Phone: 317-346-4365 Fax: 317-736-5264

INVOICE FOR FEES

Tattoo Parlor / Body Piercing Facility

Invoice Date: _____ Invoice Number: _____

Date of Service: _____ Inspector / EHS: _____

Invoice To: _____

Contact Name

Facility Name

Street Address

City

State

Zip Code

Description of Inspection: _____

- Late Spore Test Submission: \$ 50.00
- Late License Application Fee: \$ 100.00
- Violation Fine: \$ 100.00
- Opening Shop Without License: \$ 1000.00
- Illegal, Unlicensed Operation : \$ 2000.00
(i.e., Mobile or Temporary Units)

TOTAL AMOUNT DUE: _____

Please make checks payable to: Johnson County Health Department
Send payment to: Johnson County Health Department
86 West Court Street
Franklin IN 46131

PAYMENT IS DUE WITHIN 30 DAYS OF INVOICE DATE