



JOHNSON COUNTY HEALTH DEPARTMENT
 86 West Court Street, Franklin Indiana 46131
 Phone: 317-346-4375

2010/2011
APPLICATION FOR LICENSE

Tattoo Parlor and/or Body Piercing Facility

Facility Name: _____ _____	Owner(s) Name: _____ _____	Date: _____
Facility Address: _____ _____ _____	Owner(s) Home Address:(License will be mailed to this address) _____ _____ _____	
Business Phone: _____	Owner(s) Phone: _____	
Owner(s) E-mail Address: _____ _____		
Operator(s) Name: _____		
Hours of Operation: _____		
Check procedures that apply: <input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics		

**IMPORTANT: THIS WILL BE THE ONLY OFFICIAL NOTICE
 CONCERNING THE PURCHASE OF YOUR 2009/2010 LICENSE**

OBTAIN YOUR LICENSE BEFORE THE FIRST (1st) DAY OF SEPTEMBER TO AVOID PAYING A LATE FEE
 The license shall begin September 1 and expire August 31 of the following year and shall be renewed annually.

LICENSE IS NOT TRANSFERABLE TO ANOTHER PERSON OR LOCATION

License fee is non-refundable.

ANNUAL LICENSE FEE \$500.00
 LATE SUBMISSION FEE (After August 31st). \$100.00
 HALF YEAR LICENSE FEE (After March 1st) (New Shops Only). \$250.00

Please make checks payable to: Johnson County Health Department

Applicant's Signature: _____ Date: _____
 Not Valid without signature

Please Print Name: _____

Office Use ONLY: Date Application & Fee Received _____ Date License Mailed _____