



JOHNSON COUNTY HEALTH DEPARTMENT

86 West Court Street, Franklin Indiana 46131

Phone: 317-346-4375

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: _____		
Operator(s) Phone: _____	Operator(s) E-mail: _____	
Hours of Operation: _____		
Check procedures that apply: <input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics		

The Annual License Cycle begins September 1 and expires August 31 of the following year.

RENWAL LICENSE APPLICANTS: OBTAIN YOUR LICENSE BEFORE THE FIRST (1st) DAY OF SEPTEMBER TO AVOID PAYING A LATE FEE.

LICENSE IS NOT TRANSFERABLE TO ANOTHER PERSON OR LOCATION

License fee is non-refundable.

ANNUAL LICENSE FEE:	\$500.00
RENEWALS ONLY: LATE SUBMISSION FEE (After September 1 st).....	\$100.00 additional
HALF YEAR LICENSE FEE (After March 1 st) (New Shops Only)	\$250.00

Please make checks payable to: Johnson County Health Department

Master or Visa Card Only– Please call 317-346-4365

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



Please Print Name: _____

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