

MIAMI COUNTY HEALTH DEPARTMENT
FOOD PERMITS
25 Court Street, Suite 211
PERU, IN 46970
Phone: 765-473-0284; 765-473-0283; fax 765-473-0285

APPLICATION FOR ARTIST CERTIFICATION

Application is hereby made to perform tattoo and body piercing in Miami County. By this application it is agreed that the artist will comply with the provisions of the Indiana State Department of Health Rule 410 IAC 1-5 and Miami County Tattoo and Body Piercing Ordinance 10-22-2001 or any subsequent regulations. **It is further agreed that the artist shall have a current certificate indicating completion of a blood borne pathogen class from an accredited provider as found in 29 CFR 1910.1030.** Application for certification renewal shall be made prior to the expiration date of the existing certification. The certificate must be in a conspicuous place in plain view of the public. Permits expire December 31 of year issued.

THIS CERTIFICATE IS NON-TRANSFERABLE

You must fill out this form completely and accurately. Return the signed original form and the proper fee \$50.00 per artist to the Miami County Health Department. Submitting does not guarantee a certificate will be issued.

Name of Company: _____
The name commonly used or the doing business name.

Location of Establishment: _____
The physical location of the establishment.

Mailing Address: _____

Establishment Name: _____
The name used on the establishment.

Business Operators Name: _____
The person or corporation which owns the business. In a small business this may be the manager.

Telephone: _____ **Fax:** _____
The phone number of the businesses home office.

Signature: _____ **Title:** _____
(The person who fills out the application needs to sign it, plus title.)

Print Name: _____ **Date:** _____

DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY

Receipt Number: _____ **Date Issued** _____

Payment Received: \$ _____ **Date Expires:** _____