

**MIAMI COUNTY HEALTH DEPARTMENT
TATTOO & BODY PIERCING PERMITS
25 Court Street, Room 211
PERU, IN 46970**

APPLICATION FOR A TATTOO & BODY PIERCING ESTABLISHMENT

Application is hereby made for a permit to operate a retail Tattoo and Body Piercing establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule 410 IAC 1-5 and Miami County Tattoo & Body Piercing Establishment Ordinance 10-22-01, or any subsequent regulations. It is further agreed that the establishment shall be open to inspection by agents of the Miami County Health Department. Application for permit renewal shall be made prior to the expiration date of the existing permit.

YOUR PERMIT IS NON-TRANSFERABLE

Any change of ownership, location or operator requires a new permit. All permits expire December 31st of each year.

You must fill out this form completely and accurately. Return the **signed original form** and the **proper fee (\$300.00 for all establishments)** paid to the Miami County Health Department. Submitting does not guarantee a permit will be issued. An artist permit must be purchased for each artist operating at any Miami County tattoo & body piercing establishment at a fee of \$50.00.

Any changes in the information provided should be reported to the health department.

Name of Establishment: _____

The name commonly used or known, or the Doing business as@ name.

Location of Establishment: _____

The physical location of the establishment. This may not be the same as the mailing address.

Establishment Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

The legal mailing address of the business by which the local operator or manager may be reached.

E-Mail Address: _____

If the operator or manager has an e-mail address, show it here.

Business Operators Name: _____

The person or corporation which owns the business. In a small business this may be the manager.

On-Site Manager=s Name: _____

The person responsible for the daily operation and is available at the business.

Building Owner=s Name: _____

The person or company which owns the physical structure which houses the business.

Building Owner=s Address: _____

Building Owner=s Telephone: _____

Business Telephone: _____

Number which rings at the local business.

Emergency Telephone: _____

Number which will reach some one in authority in case of an emergency when business is closed.

(Continued on next page.)

Establishments Daily Opening & Closing Times:

Show the actual opening and closing times of the business. Be exact!

Sun: _____ Mon: _____ Tue: _____ Wed: _____ Thur: _____ Fri: _____ Sat: _____

Public Water Supply ___Yes ___No **Public Sewage Disposal:** ___Yes ___No

If the business is served by a public utility, mark yes. If private well or sewage disposal mark no.

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

Tattoo Establishment

Body Piercing Establishment

Blood Borne Pathogen Training Professional Association

Training date

Receipt Number: _____

Date Issued: _____

Payment Received:\$ _____

Date Expires: December 31, 20