



**460 N Morton St. Suite A**  
**Franklin, IN 46131**  
**Phone: 317-346-4365**

APPLICATION FOR LICENSE

Tattoo, piercings and micro blading facilities

Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Number of Artists: \_\_\_\_\_

Check all that apply:

Tattoo \_\_\_\_\_ Piercing \_\_\_\_\_ Micro blading \_\_\_\_\_ Other \_\_\_\_\_

If other, explain \_\_\_\_\_

THIS LICENSE IS NOT TRANSFERRABLE TO ANOTHER PERSON OR LOCATION

FEE IS NON-REFUNDABLE

Annual License Fee \$750.00

License Renewal Fee \$750.00

Half Year License Fee (After July 1<sup>st</sup>) New Shops only \$375.00

MAKE COMPANY CHECKS PAYABLE TO JOHNSON COUNTY HEALTH DEPARTMENT

Applicant's Signature: \_\_\_\_\_

Please Print Signature: \_\_\_\_\_

Office use only: Date received \_\_\_\_\_ Date Mailed: \_\_\_\_\_ Initials: \_\_\_\_\_