

JOHNSON COUNTY HEALTH DEPARTMENT

460 N. Morton St. Ste A Franklin IN 46131

Phone: 317-346-4367

APPLICATION FOR LICENSE

Tattoo parlor, body piercing and Micoblading

| | |
|---------------------------|-----------------------------|
| Date: _____ | |
| Facility Name: _____ | Owner's Name: _____ |
| Facility Address: _____ | Owner's Home Address: _____ |
| _____ | _____ |
| _____ | _____ |
| Business Phone: _____ | Owner's Phone: _____ |
| Hours of Operation: _____ | Email: _____ |
| Check all that apply: | |
| _____ Tattoo | _____ Piercing |
| _____ Other | _____ Microblading |
| Explain _____ | Number of artists: _____ |

THIS LICENSE IS NOT TRANSFERABLE TO ANOTHER PERSON OR LOCATION

FEE IS NON-REFUNDABLE

| | |
|---|--------------------------------|
| Annual License Fee | \$750.00 |
| License Renewal Late Fee | \$750.00 |
| Half Year license fee (After July 1st) | 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 _____ |
|------------------|---------------------|--------------------|----------------|