



BODY ART LICENSE APPLICATION

3901 Meadows Dr, 2nd floor
Indianapolis, IN 46205
317-221-2266

To apply for a Marion County Public Health Department license for a new body art facility, fill out this application and submit the \$100 application fee. An inspection will be scheduled within 3-5 business days. Once the facility has passed the inspection, the license can be obtained by paying the license fee of \$300 (\$150 after March 1).

FACILITY NAME:	
FACILITY ADDRESS:	ZIP CODE:
BUSINESS PHONE NUMBER:	
HOURS OF OPERATION:	
LICENSE HOLDER NAME:	
HOME ADDRESS:	ZIP CODE:
HOME PHONE NUMBER:	
EMAIL:	
PREFERRED MAILING ADDRESS: BUSINESS _____ HOME _____	
DOES FACILITY USE ALL DISPOSABLE EQUIPMENT (no sterilizer on site)? YES _____ NO _____	
IF NO, AUTOCLAVE MODEL/SERIAL NUMBER:	
NUMBER OF TATTOO/PIERCING STATIONS:	NUMBER OF EMPLOYEES:
CHECK TYPES OF PROCEDURES OFFERED:	
TATTOOING _____ BODY PIERCING _____ PERMANENT MAKEUP _____ MICROBLADING _____	

Check off completed paperwork, which will be reviewed during inspection:

- | | |
|---|--|
| <input type="checkbox"/> EXPOSURE CONTROL PLAN
<input type="checkbox"/> BLOODBORNE PATHOGEN CERTIFICATES FOR ALL EMPLOYEES
<input type="checkbox"/> HEPATITIS B WAIVERS FOR ALL EMPLOYEES
<input type="checkbox"/> CUSTOMER RECORD FORMS | <input type="checkbox"/> RECEIPTS FOR DISPOSABLE EQUIPMENT
<input type="checkbox"/> CONTRACT WITH INFECTIOUS WASTE DISPOSAL COMPANY
<input type="checkbox"/> AFTERCARE INSTRUCTIONS
<input type="checkbox"/> SPORE TEST RESULTS WITHIN LAST 30 DAYS (IF APPLICABLE) |
|---|--|

**By signing this application, you agree to be the responsible party for this license and to maintain this facility in full compliance with all applicable state and county regulations.
License is valid from September 1st to August 31st of the following year.**

LICENSES ARE NOT TRANSFERRABLE TO ANOTHER PERSON OR LOCATION.

Printed Name of License Holder

Signature of License Holder **Date**

Note: Checks should be made payable to Health and Hospital Corporation