

**Office Use:**  
Permit #: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_

**Morgan County Health Department**  
180 S. Main St., Ste. 252, Martinsville, IN 46151  
765-342-6621

**Application for Tattoo Parlor/Body Piercing Establishment**

Your permit will not be issued unless the form is filled out correctly and in its entirety.

**Establishment Information:**

Name of Establishment: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Owner's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Manager's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Biohazard Waste Disposal**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Names, Addresses and Phone Numbers of Artists**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

In case of emergency, contact (owner, manager, etc.): \_\_\_\_\_