



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

Office Use
Permit #: _____
Date: _____
Fee Paid: _____
Staff Initials: _____

Application for Tattoo Parlor/Body Piercing Establishment

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.): _____

Applicant Signature: _____ Date: _____