

TATTOO AND BODY PIERCING
Vigo County Health Department
147 Oak St., Terre Haute, IN 47807
812-462-3281

2021 ARTIST LICENSE RENEWAL FORM

****Application must be received in our office on or before January 14, 2021.****

In order to renew a temporary or regular artist license, please fill out the application and include the following information:

1. Current blood borne pathogen certification in accordance with 20 CFR 1910.1030; and
2. Supervision Agreement (see back of sheet), if renewing temporary artist license

A. NAME AND ADDRESS OF ARTIST:

Name: _____

Home Address: _____

City, State & Zip: _____

Home Phone: () _____ Cell: () _____

Would you like your license mailed to this address: Yes _____ No _____
(If not, it will be mailed to the body art establishment)

B. NAME AND ADDRESS OF ESTABLISHMENT:

NAME OF ESTABLISHMENT: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

C. LICENSE FEE:

Temporary Artist License. . . \$25.00

Regular Artist License. . . \$50.00

***LICENSE EXPIRES: DECEMBER 31 OF EACH YEAR**

DATE OF APPLICATION: _____ AMOUNT ENCLOSED: \$ _____

SIGNATURE OF ARTIST: _____

Signature of Artist signifies that above information is accurate and correct to the best of his/her knowledge. Artist agrees to comply with the Vigo County Body Art & Ear Piercing Ordinance.

FOR HEALTH DEPT USE ONLY:

AMOUNT PAID:\$ _____ RECEIPT# _____ ENVIRONMENTALIST: _____ CLERK _____

Supervision Agreement for Temporary Artist License

(Please print or type)

Applicant's Information:

Name: _____

Signature: _____ Date: _____

I hereby certify and affirm, under the penalty of perjury, that the information on this form is correct. I understand that, as a temporary licensed tattoo artist and/or body piercer, I may practice only under the supervision of the below named supervisor in accordance with the Vigo County Body Art and Ear Piercing Ordinance.

Supervision Information: (to be completed by the Supervising Tattoo Artist(s) and/or Body Piercer(s))

Name of Supervisor: _____
(Must have valid Regular Artist License)

Signature: _____ Date: _____

I hereby certify and affirm, under the penalty of perjury, that the information on this form is correct and I will provide supervision for this applicant at all times when practicing at the above listed establishment. I understand and accept fully that I am responsible for the practice of the artist once the temporary license is issued. I agree that I will contact the Vigo County Health Department, in writing, when this agreement has been terminated.

Name of Supervisor: _____
(Must have valid Regular Artist License)

Signature: _____ Date: _____

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Name of Supervisor: _____
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Signature: _____ Date: _____

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