

# La Porte County Health Department



*"To engage and partner in a collaborative and responsive effort with the community and local organizations with respect to the diversity of the community to better serve present and future generations."*

## Application for Tattoo and/or Body Piercing Practitioner, Temporary Practitioner and Apprentice

Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: (        ) \_\_\_\_\_

**Please check one:**

Tattoo & Body Piercing Practitioner: \_\_\_\_\_ Tattoo Practitioner: \_\_\_\_\_ Body Piercing Practitioner: \_\_\_\_\_

Tattoo & Body Piercing Temporary: \_\_\_\_\_ Tattoo Temporary: \_\_\_\_\_ Body Piercing Temporary: \_\_\_\_\_

Tattoo & Body Piercing Apprentice: \_\_\_\_\_ Tattoo Apprentice: \_\_\_\_\_ Body Piercing Apprentice: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant / Date

\_\_\_\_\_  
Signature of Applicant / Date

\_\_\_\_\_  
Mentor's Name Printed / Date  
**(Required for Apprentice Permit)**

\_\_\_\_\_  
Mentor's Signature / Date  
**(Required for Apprentice Permit)**

Name of Tattoo Facility where employed: \_\_\_\_\_

Address of Tattoo Facility: \_\_\_\_\_

**FOR OFFICE USE ONLY!**

Date Paid: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Transaction #: \_\_\_\_\_ Late Fee: \_\_\_\_\_

Dept Employee: \_\_\_\_\_ Total Paid: \_\_\_\_\_

Type of Permit Issued: \_\_\_\_\_

Provided documentation of blood borne pathogen training?

Yes \_\_\_ No \_\_\_