



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 Facility / Mobile Facility

Name of Facility: _____

Address of Facility: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ E-Mail: _____

Please check one:

Tattoo & Body Piercing Facility: _____	Tattoo & Body Piercing Mobile Facility: _____
Tattoo Facility: _____	Tattoo Mobile Facility: _____
Body Piercing Facility: _____	Body Piercing Mobile Facility: _____

Days and Hours of Operation: _____

Signature of Facility Owner

Date

Printed Name of Facility Owner

**Please complete the above information and submit it with the proper fee to:
La Porte County Health Department, 809 State Street, Suite 401A, La Porte, IN 46350**

FOR OFFICE USE ONLY!	
Date Paid: _____	Fee Paid: _____
Transaction #: _____	Late Fee: _____
Dept Employee: _____	Total Paid: _____
Type of Permit Issued: _____	
2014	