

Henry County Health Department

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Public Health
Prevent. Promote. Protect.

Tattoo Parlor Application

Name of Parlor _____ Telephone _____

Address _____ City _____ Zip _____

Tax ID of Tattoo Parlor _____

Name of Owner _____ Telephone _____

Address _____ City _____ Zip _____

Email Address _____ Fax _____

Hours of Operation _____

Send Mail To (select one) Parlor Owner

Number of Artists _____

Artist will be doing: (select one) Tattoo Piercing Both

Required Annual Permit Fee: \$300.00
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I/we attest that the above information is accurate to my/our knowledge at this time. I/we further agree to comply with all applicable Henry County, Indiana ordinance and laws to include allowing the Henry County Health Department access to the establishment as required. I/we understand that this permit is non-transferable and that the associated fees are non-refundable. I/we further understand that a 25% delinquent permit renewal fee will be added after 30 days to all late renewals.

Signature _____ Date _____

For Office Use Only

Permit/Receipt Number _____

Permit Fee Paid _____

Issue Date _____

Expiration Date _____