

Rush County Health Department

Courthouse, Room 105, Rushville, Indiana 46173-1854

Telephone (765) 932-3103

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Davis W. Ellis, M.D.
Health Officer

Greg Pratt
Health Board Chairperson

APPLICATION FOR TATTOO & BODY MODIFICATION PERMIT

Facility Information

Name of Applicant: _____

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail: _____

Hours of Operation: _____

Number of Booths or Stations _____

Artist Information

Artist Name: _____

Artist Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail: _____

- _____ Proof of Contract with Infectious Waste Removal Company
- _____ Copy of Blood-born Pathogen Training Certificate
- _____ Copy of **written** policy to meet IOSHA Blood-born Pathogen Standard 29 (CFR 1910.1030)
- _____ Copy of written **Aftercare** instructions to be provided to client

Name of Laboratory that will do **monthly** spore testing on autoclave sterilization unit used to sterilize all reusable items: _____

RECEIPT # _____

EST # _____

PERMIT# _____