



Madison County Health Department

206 E 9th Street * Anderson, IN 46016 * 765-641-9523

PERMIT APPLICATION FOR A TATTOO/BODY PIERCING ESTABLISHMENT

Name of Establishment: Phone: ()

Address of Establishment:

City: Zip Code: Fax: ()

Please complete the following

1. Specific hours of Operation (include days of operation as well):

2. Number of Artists employed at establishment:

3. Please list individual artists Name and phone number below (use back of sheet for additional space):

Name: Phone:

Name: Phone:

Name: Phone:

4. List establishment owner(s) and phone number(s) (use back of sheet for additional space):

Name: Date of Birth: SSN:

Phone:

Name: Date of Birth: SSN:

Phone:

5. Please mark what your establishment provides: Tattooing Body Piercing

6. Name of Infectious Waste Company:

proof of a current contract with infectious waste company must be submitted with approval of permit

All artists shall comply with minimum training requirements as required in Madison County Ordinance 2002-BC-O-5

I, herby apply to operate a Tattoo and/or Body Piercing Establishment. I agree to strictly follow all of Madison County and the State of Indiana code(s), laws and regulations pertaining to the operation(s) of Tattoo/Body Piercing Establishments. Tattoo Artist and Body Piercer Responsibilities/Requirements state that each artist must provide documentation of the following information to the Madison County Health Department. This documentation must also be on file at the licensed Tattoo/Body Piercing Establishment and available for inspection upon request. All applicable corresponding documentation below must be submitted with this permit application.

Check the following that applies to you:

I have completed the Hepatitis B vaccination series (and am submitting shot record/date verification).

I have been offered, and decline, in writing, the Hepatitis B vaccination (declination form required).

I have not completed the Hepatitis B vaccination series but am providing documentation showing at least the first of the series has been received and will show proof of completion of the series within 6 months of issue of this permit.

In addition, I understand that I must maintain documentation of this information for all of the artists who work in my establishment. By signing below, I am agreeing to all conditions listed herein and verify the information provided is accurate.

Date

Signature of Applicant

Make all checks or money orders payable to: Madison County Health Department

Table with 4 columns: PERMIT TYPE, ANNUAL PAYMENT, LATE FEE, (PRO-RATING) AFTER OCTOBER 1ST. Row 1: Tattoo/Body Piercing Facility, \$500.00, \$50.00, \$250.00

Signature of Applicant Date



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Individuals wishing to establish a Tattoo and/or Body piercing Establishment must show that the zoning requirements have been met by obtaining a signature and appropriate planning department stamp. Applicants wishing to do

business in the city of Anderson will contact the

Anderson City Planning Department

120 E 8th Street

Anderson, IN 46016.

Applicants wishing to do business outside the city of Anderson but within Madison County will contact:

Madison County Planning

16 E 9th Street, room 200

Anderson, IN 46016

Applicant will complete the top three lines. Planning Division will complete the last two lines.

ZONING STATEMENT

Establishment Name

Establishment Address

City

Zip

Owner/Operator

The above listed meets zoning requirements of the establishment of a tattoo and/or body piercing establishment.

Signature of Planning Department Representative

Date

Department Stamp

BLOODBORNE PATHOGENS TRAININGS

Annual refresher for Bloodborne Pathogens or Universal Precautions is part of the OSHA Standard 29 CFR 1910.1030. The following are some of the online courses available, which must be updated by all artists on a yearly basis.

- **CATHY MONTIE'S BLOODBORNE PATHOGENS EXPOSURE CONTROL TRAINING CLASS** <http://www.cathymontie.com/classes-bbp-usa.php>
- **PRO BLOODBORNE** <http://www.probloodborne.com/en/courses>
- **EDUWHERE** http://www.eduwhere.com/solutions_tattoo.php?r=g
- **INTERNATIONAL CPR INSTITUTE** <http://www.icpri.com>
- **BLOODBORNEPATHOGENSTRAINING.COM**
<http://www.bloodbornepathogenstraining.com>
- **VMD HEALTH CARE TRAINING** <http://www.mymedcerts.com/bbp.cfm>
- **COMPLIANCE TRAINING INSTITUTE**
<http://www.oshabloodbornepathogens.com>
- **QUALITY SAFETY TRAINING**
<http://www.qualitysafetytraining.com/main/index.php>

*This list is not an endorsement of the above listed companies, nor is it intended for the exclusion of any companies not listed. This list may not be complete, and therefore, establishments and artists are also encouraged to research on their own to find additional companies that may be capable of providing these services. We welcome any additional information on companies that can be added to this list. Please contact the Madison County Health Department at 765-646-9207 with any suggestions or comments.

SPORE TESTING COMPANIES

Mesa Labs
PO Box 232 TC, MI 49685-0232
1-800-289-7786 (US)
1-866-421-8367 (Canada)
sporetesting@mesalabs.com

Indiana University School of Dentistry
Infection Control Research Services
1121 W. Michigan St.
Indianapolis, IN 46202
(317) 274-5411 or (317) 274-5458
www.iusd.iupui.edu/departments/sterilization-monitoring-service

Autoclave Testing Services (ATS)
PO Box 270 Pearl River, NY
(887) 289-7786
www.sterilizertesting.com

SPS Medical
6789 W. Henrietta Rd.
Rush, NY 14543
(800) 722-1529
www.checkyourtest.com

Med-Electronics
6608 Virginia Manor Rd
Beltsville, MD 20705
(888) 321-1300
www.med-electronics.com

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