

Wells County Health Department
223 W. Washington St.
Bluffton, IN 46714
(260) 824-6489

Tattoo & Body Piercing Facility Permit Application

Permit Fee: \$500.00 (checks payable to the Wells County Health Department)

Name of Establishment: _____ Phone No.: _____

Address of Establishment: _____

City: _____ State: _____ Zip Code: _____

Hours of Operation: _____ a.m./p.m. to _____ a.m./p.m.

Days of Operation (please circle days): Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Number of Artists Employed at Establishment: _____

Please list individual Artists Names & Mailing Addresses Below: (use back of sheet for additional space)

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Please List Owner(s) Name(s) & Mailing Addresses Below: (use back of sheet for additional space)

Name: _____ Address: _____ Phone: _____

Please Circle the Services your facility provides: Tattooing Body Piercing

By Authority of
Wells County Ordinance 01-12 Tattoo/Body –Piercing Facility Ordinance

(for office use only)

Received by: _____ Date: _____

Permit No.: _____ Date Permit Issued: _____ Initials: _____