



City of Mishawaka

Permit Application – Tattoo and Body Piercing

NOTE: The following documents MUST accompany this application:

- 1) Written documentation from a duly licensed physician certifying that the applicant has been examined within the 30-day period preceding the date of the application for a permit and that the applicant is free from any communicable diseases.
- 2) Written documentation that the applicant has successfully completed the training required under the requirements of the Indiana Occupational Safety and Health Administration’s bloodborne pathogen standard.

ALL ENTRIES MUST BE CLEAR AND LEGIBLE

PERSONAL INFORMATION					
APPLICANT NAME			LIST ANY PREVIOUS NAMES (if any)		
HOME ADDRESS			CITY	STATE	ZIP
HOME PHONE (xxx) xxx-xxxx	CELL PHONE (xxx) xxx-xxxx	EMAIL		FAX (xxx) xxx-xxxx	
DATE OF BIRTH	PLACE OF BIRTH		SOCIAL SECURITY NUMBER		
RESIDENTIAL HISTORY (Last 5 years; use additional sheet if necessary)					
DATE FROM	STREET ADDRESS				
DATE TO	CITY	STATE	ZIP	PHONE (xxx) xxx-xxxx	
DATE FROM	STREET ADDRESS				
DATE TO	CITY	STATE	ZIP	PHONE (xxx) xxx-xxxx	
DATE FROM	STREET ADDRESS				
DATE TO	CITY	STATE	ZIP	PHONE (xxx) xxx-xxxx	
CURRENT EMPLOYER					
BUSINESS/COMPANY NAME			CITY, STATE, ZIP		
NATURE OF WORK					
TRAINING AND EXPERIENCE					
DESCRIBE YOUR QUALIFICATIONS AND/OR TRAINING (Including Names and Dates of Previous Employers)					
HAVE YOU BEEN DIAGNOSED BY A MENTAL HEALTH PROFESSIONAL TO BE MENTALLY INCOMPETENT OR UNSTABLE? <input type="checkbox"/> NO <input type="checkbox"/> YES (please explain below)					

I hereby affirm, under the penalties for perjury, that the foregoing representations are true and accurate.

Applicant Signature

Date

FOR OFFICIAL USE ONLY

Public Hearing

Set for the _____ day of _____, 20 ____ at _____ o'clock AM PM

Date

Signature

Board Approval

Date

President, Board of Public Works and Safety

Verification of Insurance

The applicant has has not submitted proof of insurance to an amount not less than \$300,000 to cover injury to or destruction of property resulting from any one occurrence and has an amount not less than \$1,000,000 to cover all public liability resulting from one occurrence. Said insurance policy also contains the following provision: "The City, through the Office of the City Controller, shall be given at least 15 days notice prior to the effective date of the cancellation or material change of this policy."

Submitted to the Clerk of the Board: _____

Issued License Number: _____

Date: _____

Receipt Number: _____

By: _____

Expires: December 31, 20 ____

Fee

Tattoo Artist and/or Body Piercer Fee: \$30.00