



# City of Mishawaka

Permit Application  
for Tattoo Application and Body Piercing

Applicant's Name: \_\_\_\_\_

Any previous name, if any: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Previous addresses during last five (5) years:


Social Security number: \_\_\_\_\_

Employer: \_\_\_\_\_

Nature of work: \_\_\_\_\_

1. Please describe your qualifications, including dates and names of previous employers:

\_\_\_\_\_

\_\_\_\_\_

If you need more space to write, you may attach a separate page to the application.

2. Details of any prior criminal record, if any : (Provide details of all convictions, if any)

\_\_\_\_\_

\_\_\_\_\_

3. Have you used illegal drugs or abused alcohol? \_\_\_\_\_

4. Have you been diagnosed by a mental health professional to be mentally incompetent or unstable? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

The following documents must accompany the 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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

For Official Use Only

Public Hearing set for the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_, at  
\_\_\_\_\_ o'clock \_\_\_\_ M.

\_\_\_\_\_  
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 Clerk of the Board: \_\_\_\_\_

Issued License Number \_\_\_\_\_ Date: \_\_\_\_\_

Receipt Number \_\_\_\_\_ By: \_\_\_\_\_

Expires 12/31/ \_\_\_\_\_

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