

CITY OF WHITING
TATTOO & BODY PIERCING EMPLOYEE PERMIT APPLICATION
YEAR _____
(TO BE COMPLETED BY EACH TECHNICIAN)

APPLICANT INFORMATION

Applicant's Name	Phone Number
Home Address	Date of Birth
City, State, Zip	Place of Birth

Previous Residence Address(es) for Last Five (5) Years:

Home Address	City, State, Zip
Home Address	City, State, Zip
Home Address	City, State, Zip
Home Address	City, State, Zip
Home Address	City, State, Zip

GENERAL BUSINESS INFORMATION

Name of Proposed Employer: _____

Nature of Work Applicant Will Perform: _____

MISCELLANEOUS INFORMATION

Qualifications:

_____ Attach qualifications of applicant for working in tattoo/body piercing establishment and dates and locations of previous employment, if any.

Documentation of IOSHA Bloodborne Pathogen Standard:

_____ Attach written documentation indicating that applicant has successfully completed the training program required under the requirements of the Indiana Occupational Safety and Health Administration's bloodborne pathogen standard.

Statement of Prior Criminal Record:

_____ Attach limited criminal history from law enforcement agency where applicant resides

I hereby attest that I will not do, authorize or permit any act to be done in violation of the laws of the United States of America, the laws of the State of Indiana or the Ordinances of the City of Whiting, Indiana in or about my place of business. All of the answers made by me in the foregoing questions are true and are submitted for the purpose of procuring a license from the City of Whiting, Indiana to operate a lawful business.

Applicant's Signature

Date

Permit Fee: \$25.00
Mail to: City of Whiting
Clerk-Treasurer
P.O. Box 230
Whiting, IN 46394
www.whitingindiana.com

APPROVED ON THE _____ DAY OF _____, 200____,
BY THE CITY OF WHITING BOARD OF PUBLIC WORKS AND SAFETY.

PRESIDENT

MEMBER

MEMBER

ATTEST: _____
CLERK-TREASURER