

Madison County Health Department

101 East Edwardsville Road
Wood River, IL 62095
Phone (618) 296-6079
www.madisonchd.org

(Official Use Only)

Permit # _____

Permit Issued _____

04

Body Artist Operator Permit Application

Name: _____

Home Address: _____
(street) (city) (state) (zip)

Mailing Address: _____
(street) (city) (state) (zip)

Phone Number: _____

Date of Birth: _____ male [] female []

Have you been immunized against Hepatitis B? Yes [] No []

Training, experience, and/or past employment. _____

Attach proof of attendance to a Bloodborne Pathogen Training Program (must not expire before renewal date)

Attach copy of a valid photo I.D. (state driver's license or state I.D.)

List all current places of employment as a Body Artist Operator:

(name of establishment) (street) (city) (state) (zip)

(name of establishment) (street) (city) (state) (zip)

Operator/Technician Permit fee.....\$50.00
Late Payment Penalty.....\$25.00

Permit fees shall be non-refundable once the Department has issued a permit. All permit fees for the renewal of permits are due fifteen (15) days prior to the permit expiration date. Persons failing to submit the fee and application by the due date shall be assessed a late payment penalty in addition to the permit fee.

I affirm that the above information is true to the best of my knowledge and belief. I understand that my Body Artist Operator Permit is to be renewed annually. It is my responsibility to notify Madison County Health Department of a change in name or address.

Signature: _____ Date: _____ Amount Enclosed: _____
(Permit Holder)