

**Spencer County Health Department  
Body Art Establishment  
Application for License**

Date of Application \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Mailing Address of Establishment – Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Address of Establishment – Street \_\_\_\_\_  
(If different from above)

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name of Owner(s) - \_\_\_\_\_

Address – Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name of Owner(s) - \_\_\_\_\_

Address – Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name of Manager/Person Responsible \_\_\_\_\_

Address – Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

***Attach Certificate of Insurance – the certificate of insurance shall certify that a policy of insurance has been issued to the Body Art Establishment and provides Professional Liability coverage to the operator, and all body artists for the period of the license, and is in full force and effect and that the premium has been paid thereon. The policy of insurance shall be in the sum of no less than \$500,000.00 conditioned for the payment of any judgments received against the body art establishment operator or body artist for the death or injury of persons caused by the operation of a body art establishment or body artist.***