

Madison County Health Department

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

(Official Use Only)

Permit # _____

Permit Issued _____

Application for Body Art Establishment Permit

As prescribed in the Madison County Body Art Ordinance, the undersigned makes application for a permit to operate a body art establishment in Madison County, State of Illinois.*

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Ownership: (Circle One)

- Individual
- Partnership
- Corporation

Owner of Business: _____ Business Phone: _____

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

Days/Hours of Operation: _____

Names of All Operators/Technicians: _____
(use additional paper if necessary)

Any applicant who is not a resident of Madison County must designate a managing agent or registered agent who is a resident of Madison County and upon whom service may be made.

Managing Agent/Registered Agent: _____ Phone: _____

Address: _____ (Street) (City) (Zip)

Attach the Following Information to This Application:

- A complete description of all body art services to be provided.
- An exact inventory of all body art equipment used, including manufacturer names.
- Names and addresses of all suppliers of body art equipment and supplies.

I affirm that the above information is true to the best of my knowledge and belief.

Signature: _____
(Permit Holder)

Date: _____

Section 04 Permit Fees – Permit fees shall be assessed to each operator/technician and deposited into the Health Department fund.

- A. The fee schedule is as follows:
Operator/Technician Permit.....\$50.00
- B. Permit fees shall be non-refundable once the department has issued a permit.
- C. All permit fees for are due fifteen (15) days prior to the permit expiration date.
- D. Persons failing to submit the fee and application by the renewal due date shall be assessed a late payment penalty fee of \$50.00 in addition to the permit fee.