

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)

Please list all body art services provided at this Establishment:

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

Signature: _____
(Permit Holder)

Date: _____