

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 _____

Body Artist Operator Permit Application

Name: _____

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

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

Phone Number: _____ Social Security 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
- 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)

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

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

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

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 the renewal of permits are due fifteen (15) days prior to the permit expiration date.
- D. Persons failing to submit the fee and application by the due date shall be assessed a late payment penalty fee of \$50.00 in addition to the permit fee.