

**MCDONOUGH COUNTY HEALTH DEPARTMENT
505 EAST JACKSON
MACOMB, ILLINOIS 61455
Phone (309) 837-9951 FAX (309) 837-1100**

TATTOO FACILITY PERMIT APPLICATION

Facility Name: _____
Street Address: _____ City: _____, Illinois Zip Code: _____
Telephone Number _____ Days of Operation _____ Hours of Operation _____

Printed Name and Address of all Owners:

Owner Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____

Owner Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____

Printed Name and Address of all Managers

On Site Managers Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____

Printed Names and Addresses of All Tattoo Artist Performing Tattoos

Artist Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____

Artist Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____

Applicant's Signature _____ \$200.00 Annual Permit Fee Enclosed: _____

For Office Use Only

Approval ____ Disapproval ____ License Issued _____ License Expires _____

Director of Environmental Health

Date _____