

Grundy County Health Department
1320 Union Street Morris, IL 60450
815-941-3115 lwells@grundyhealth.com

FILL OUT COMPLETELY - PRINT OR TYPE -INCOMPLETE FORMS WILL BE RETURNED WHICH MAY DELAY THE ISSUANCE OF YOUR PERMIT

APPLICATION DATE _____

(All sections of this application must be completed in order to be accepted)

BODY ARTIST NAME _____

NAME OF ESTABLISHMENT _____

ARTIST ADDRESS _____ CITY _____

ZIP CODE _____ *PHONE _____ DOB _____

*EMAIL _____ EMAIL Owner _____

FOR TECHNICIANS PERMIT TO BE ISSUED, PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION NO EXCEPTIONS!

____ PICTURE ID

____ PROOF OF BLOODBORNE PATHOGEN TRAINING 9as required by OSHA 29 CFR 1910.1030)

____ \$50 FEE

MAKE CHECK OR MONEY ORDER PAYABLE TO: GRUNDY COUNTY HEALTH DEPARTMENT

DO NOT SEND CASH PAYMENTS IN MAIL

I HEREBY STATE THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE

ARTIST SIGNATURE _____ PRINT NAME _____

APPROVED BY _____ DATE _____

TECHNICIAN APPLICATION DUE BY JANUARY 1, 2022

(FOR OFFICE USE ONLY)

RECEIPT# _____ AMOUNT PAID: _____ DATE PAID: _____

PERMIT # _____ CHECK #: _____ CASH: _____ CC AUTHORIZATION #: _____

