

**LOGAN COUNTY DEPARTMENT OF
PUBLIC HEALTH**

**109 THIRD ST
LINCOLN IL 62656**

phone: 217-735-2317 fax: 217-732-6943

BODY ART OPERATOR PERMIT APPLICATION

Name of Operator _____

Date of Birth _____ Gender ___ M ___ F ___ Phone _____

Residence Address _____

Mailing Address _____

Place of Employment as Operator _____

Training/Experience _____

Proof of Bloodborne Pathogen Training/Date of Training _____

Date Application Submitted _____

\$35.00 Annual Fee Submitted ___ Y ___ N Cash/Check