



Public Health
Prevent. Promote. Protect.

Macon County Health Department

Macon County Health Department

1221 E. Condit Street

Decatur, IL 62521

Phone (217) 423-6988 Ext. 1123

Body Art Practitioner Permit Application

Name: _____

Home Address: _____

(street) (city) (state) (zip)

Mailing Address: _____

(street) (city) (state) (zip)

Phone Number: _____

Date of Birth: _____

Training, experience, and/or past employment: _____

Have you been immunized against Hepatitis B? YES _____ NO _____

Attach proof of attendance to an approved Bloodborne Pathogen Training Program

List all current or past places of employment as a Body Art Practitioner, listing your current place of employment first:

(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 Art Practitioner Permit is to be renewed every year. It is my responsibility to notify the Macon County Health Department of any changes to my name, address, or place of employment that may occur throughout the year.

Signature: _____

Date: _____

Amount Enclosed: _____

(Office use only)
Permit #: _____
Permit Issued: _____