



NKYHEALTH
NORTHERN KENTUCKY HEALTH DEPARTMENT



Application for Registration/Certification for:

Tattoo Artist: _____ \$100 Body Piercer: _____ \$100 Ear Piercer: _____ \$100

Payment method:

Check (Payable to NKHD): _____ Money order: _____

Credit Card (Visa, MC, Discover): _____ Number: _____ Expiration: _____

Please print or type

Name: _____

SSN (Last 4 Digits Only): _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Employer's Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Signature of Applicant: _____

Date: _____

Northern Kentucky Health Department

8001 Veterans Memorial Drive Florence, KY 41042 | 859-341-4151 | www.nkyhealth.org