



Stone County Health Department  
Environmental Services  
109 E. 4th Street  
Galena, Missouri 65656  
Telephone: 417-357-8200 FAX: 417-357-6031

**APPLICATION FOR BODY PIERCING/TATTOOING OPERATING LICENSE**

Establishment Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax# \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Business Hours: \_\_\_\_\_

Opening Date: \_\_\_\_\_

Owner/ Operator Signature: \_\_\_\_\_

\_\_\_\_\_

**For Office Use Only**

Date Received: \_\_\_\_\_

Permit #: \_\_\_\_\_

Payment Received: \_\_\_\_\_