**Application for Approval to Operate a Body Art Establishment:**

**Offering (Check One Only):**

[ ] Tattooing Services Only (Includes Permanent Cosmetics)

[ ] Body Piercing Services Only

[ ] Combined Body Art Services (Offering more than one type of service)

[ ] Time-limited approval for a specific event

**Instructions:**

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to: *Lorain County Public Health*
4. Return check and signed application to: *9880 Murray Ridge Road*

*Elyria, Ohio 44035*

*For annual renewal, return the completed application on or before December 31st pursuant to section 3730.03 of the Ohio Revised Code. If payment of a fee established under section ORC 3709.09(D) is not postmarked or received by the day on which payment is due, the board of health shall assess a penalty. The amount of the penalty shall be equal to twenty-five per cent of the applicable fee. For a new operation, this application must be submitted along with all information required in the Body Art Plan Review for a New Operation.*

**Approval fees**:

**Tattoo Only Facility (Includes Permanent Cosmetics) $125.00**

**Body Piercing Only Facility $125.00**

**Combined Body Art Facilities $200.00**

**Time Limited Approval for a specific event $80.00**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Business | | | | | |
| Address of Business | | | | | |
| City | | State | | ZIP | Phone # of Business |
| Name of Operator | | | Occupation of Operator | | |
| Mailing Address (if different from above) | | | | | |
| City | | State | | ZIP | Phone # |
| Hours of operation | Days of Operation | | | | |

**If the operator is not an association, corporation, or partnership check this box:**

**If the operator is an association, corporation, or partnership, provide the address and telephone number of the entity and name of every person who has an ownership interest of five percent or more in the entity.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Entity Name | | | | |
| Entity Address | | | | |
| City | State | | ZIP | Phone # |
| Name of person who has an ownership interest | | Name of person who has an ownership interest | | |
| Name of person who has an ownership interest | | Name of person who has an ownership interest | | |
| Name of person who has an ownership interest | | Name of person who has an ownership interest | | |

**If the operator owns the place of business check this box:**

**If the operator does not own the place of business, or if he or she owns only part of the place of business, list the name of each person who has an ownership interest of five percent or more in the business.**

|  |  |
| --- | --- |
| Name of person who has an ownership interest | Name of person who has an ownership interest |
| Name of person who has an ownership interest | Name of person who has an ownership interest |
| Name of person who has an ownership interest | Name of person who has an ownership interest |

**List all the artists who have received adequate training as defined in Ohio Administrative Code Section 3701-9-04 (M) and will be performing body art services in the body art establishment. No artist may perform body art services without receiving adequate training.**

|  |  |
| --- | --- |
| Name of Artist | Name of Artist |
| Name of Artist | Name of Artist |
| Name of Artist | Name of Artist |

|  |
| --- |
| *I hereby attest that I am the operator or the authorized representative of the above business and have read and intend to comply with all requirements established by sections 3730.01 to 3730.11 of the Ohio Revised Code and the rules of chapter 3701-9 of the Ohio Administrative Code:*  Signature Date |

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**Lorain County Public Health to Complete Below**

**Application approval as required by Section 3730 of the Ohio Revised Code.**

|  |  |
| --- | --- |
| Approved By | Date |
| Business ID No. | Receipt # |
| Fee Paid | Date Paid |

Rev 11-4-19