

**BODY ART & PIERCING
LICENSE APPLICATION
(TIME-LIMITED EVENT)**

BUSINESS NAME: _____

Location of Event: _____

City, State, Zip: _____ Phone: _____

Operator: _____

Mailing Address: _____

Phone: _____ Date of Event: _____ Time: _____

If the Operator is an association, corporation, or partnership include the name and address of the entity and every person who has an ownership interest if five percent or more.

TYPE OF OPERATION:

Tattoo [] Body piercing [] Ear piercing [] Time-Limited Event []

SUBMITTAL OF PLANS: Include information with this application if changes have been made to any of the following areas within the operation during the last twelve (12) months.

- (a) The total area to be used for the business
- (b) Entrances and exits
- (c) Number, location and types of plumbing fixtures, including all water supply facilities.
- (d) A lighting plan.
- (e) A floor plan showing the general layout of fixtures and equipment.
- (f) Listing of all equipment to be used.

VERIFICATION OF PROPER TRAINING: Include copies of records of completion of courses or apprenticeships etc. to show that each person performing a tattooing or body piercing procedure has sufficient training to competently perform the tattoo or body piercing services.

As the owner/operator of the above named Operation I agree to operate in a manner that meets the safety and sanitation standards established by Chapter 3701-9 of the Ohio Administrative Code and the rules adopted under section 3730.01 to 3730.11 of the Ohio Revised Code.

I acknowledge that the approval by the Board of Health may be revoked or suspended at any time that the Board determines that the business is being operated in violation of these rules.

Owner/Operator Date

Date received by Health Dept. _____ Receipt number _____ FEE: \$80.00

Check [] # _____ Cash []

Approved by: _____ License Number: _____