

APPLICATION TO OPERATE A TATTOO AND/OR BODY PIERCING ESTABLISHMENT

Instructions:

1. Complete the applicable section.
2. Sign and date the application
3. Make check or money order payable to:
Pickaway County General Health District
4. Return payment and signed application to:

Pickaway County General Health District
Environmental Health Department
110 Island Rd., Suite C, 2nd Floor
P.O. Box 613 (mailing address)
Circleville, OH 43113

Before this application can be processed the application must be completed and the \$155.00 fee submitted. Failure to complete this application and remit the fee shall result in not issuing the approval to operate.

Type of Operation:

____Tattooing ____Body Piercing ____Tattooing & Body Piercing ____Permanent Cosmetics

Business Information:

Name of tattooing and/or body piercing business_____

Location of business:_____

Address _____ City _____

Hours of operations: Monday_____ Tuesday_____ Wednesday_____

Thursday_____ Friday_____ Saturday_____ Sunday_____

Phone Number:(____)_____ Fax Number:(____)_____

Name of Operator:_____

Address:_____ City_____ State_____ Zip_____

Phone Number:(____)_____

I hereby certify that I am the operator, or the authorized representative of the above operation and intend to comply with all requirements established by section 3730 of the Ohio Revised Code and Section 3701-9 of the Ohio Administrative Code.

Signed:_____

Date:_____

For office use only:

Fee Paid:_____ Date:_____

Operation ID Number:_____ Issued :_____ By:_____