

## **Body Art Establishment Application**

Community Environmental Health Program

Instructions:

- 1. Complete the application.
- 2. Sign and date the application.
- 3. Submit the signed application and the operation approval fee to Franklin County Public Health.

### **Establishment Information**

Services Offered (check all that apply):	🗆 Tattoo	Body Piercing
Name		Phone Number
Address		
City	State	Zip Code

**Owner/Operator** (If more than one owner, please list additional owners on the reverse side)

Name	Phone Number	
Address		
City	State	Zip Code

#### Artist(s) Information (If you need to list additional artists, please list on the reverse side)

Name	🗆 Tattoo	Body Piercing
Name	🗆 Tattoo	Body Piercing

#### **Authorization**

I hereby certify that I am the operator, owner or authorized representative of the above tattoo and/or body piercing establishment and intend to comply with all requirements established by Sections 3730.01-3730.11 of the Ohio Revised Code and Chapter 3701-9 of the Ohio Administrative Code.		
Name		
Signature	Date	

## For Office Use Only

Permit Fee \$181.50	Late Fee	Total Amount Due <b>\$ 181.50</b>
Application to Operate	Reviewer	
Audit Number	Operation Approval Number	

### Additional Owners/Operators (if applicable)

Name	Phone Number		
Address			
City	State	Zip Code	
	1		
Name	Phone Number		
Address			
City	State	Zip Code	

# Additional Artists Information (if applicable)

Name		
	🗆 Tattoo	Body Piercing
Name		
	🗆 Tattoo	Body Piercing
Name		
	🗆 Tattoo	Body Piercing
Name		
	🗆 Tattoo	Body Piercing
Name		
	🗆 Tattoo	Body Piercing
Name		
	🗆 Tattoo	Body Piercing