

Body Art Time-Limited Event Application

Community Environmental Health Program

Instructions:

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

Time-Limited Event Information					
Services Offered (check all that apply): □ Tattoo □ Body Piercing				-Limited Event	
Name of Tattoo and/or Body Piercing Business			Phone Number		
Event Location Address			I		
City	State	Zip Code			
Owner/Operator (If more than one owner	er, please li		e reverse side	e)	
Name	Phone Number	Phone Number			
Address					
City	State	Zip Code			
Artist(s) Information (If you need to list a	dditional c	artists, please list on the rev	erse side)		
Name			□ Tattoo □ Body Piercing		
Name		□ Tattoo □ B	□ Tattoo □ Body Piercing		
Authorization					
I hereby certify that I am the operator, ow piercing establishment and intend to com the Ohio Revised Code and Chapter 3701	ply with c	all requirements establis	hed by Sec		
Name					
Signature		Date			
For Office Use Only					
Permit Fee \$82.50	Late Fee	ate Fee N/A		Total Amount Due \$82.50	
Application to Operate Approved Denie		Reviewer			

Audit Number	Operation Approval Number					
Additional Owners/Operators (if applicable)						
Name	Phone Number	er				
Address	1					
City	State	Zip Code				
Maria	Dis sus a Niversia a					
Name	Phone Number	Phone Number				
Address						
Address						
City	State	Zip Code				
City	Sidle	zip Code				
Additional Artists Information (if applicab	ole)					
Name						
		□ Tattoo	□ Body Piercing			
Name						
		□ Tattoo	□ Body Piercing			
Name						
		□ Tattoo	□ Body Piercing			
Name			, ,			
		□ Tattoo	□ Body Piercing			
Name			<u> </u>			
		□ Tattoo	□ Body Piercing			
Name						
		□ Tattoo	□ Body Piercing			