APPLICATION TO OPERATE A TATTOO AND/OR BODY PIERCING ESTABLISHMENT

Instructions: Pickaway County General Health District

 1. Complete the applicable section of application Environmental Health Department

1. Compile all necessary information for Plan Review 110 Island Rd., Suite C, 2nd Floor
2. Make check or money order payable to: P.O. Box 613 (mailing address)

 **Pickaway County General Health District** Circleville, OH 43113

1. Return payment, application, and plan review items to:

Before this application can be processed the application and plan review must be completed and the $**183.00** fee submitted. Failure to complete this application and remit the fee by **December 31, 2018** shall result in not issuing the approval to operate.

**Type of Operation:**

**\_\_\_\_\_**Tattooing \_\_\_\_\_Body Piercing \_\_\_\_\_Permanent Cosmetics \_\_\_\_\_Microblading

**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:(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_