

# Pickaway County Public Health

110 Island Rd., Suite C, Circleville, OH 43113

Phone 740-477-9667 | Fax 740-474-5523 | Clinical Health Fax 740-420-6102



**PICKAWAY COUNTY  
PUBLIC HEALTH**

*We Care.*

## APPLICATION TO OPERATE A TATTOO AND/OR BODY PIERCING ESTABLISHMENT

### Instructions:

1. Complete the applicable section of application
2. Compile all necessary information for Plan Review
3. Make check or money order payable to:  
**Pickaway County Public Health**
4. Return payment, application, and plan review items to:

Pickaway County Public Health  
Environmental Health Department  
110 Island Rd., Suite C, 2<sup>nd</sup> Floor  
Circleville, OH 43113

**Before this application can be processed the application and plan review must be completed and the fee of \$257.00 submitted. Failure to complete this application and remit the fee by December 31, 2023 for an already established business, shall result in not issuing the approval to operate. After December 31, 2023, the fee will be \$257.00 plus a 25% penalty will be added for a total of \$321.25.**

### 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:\_\_\_\_\_