

# 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 \$112.00 fee submitted. Failure to complete this application and remit the fee by **December 31, 2026** 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

Mailing address for renewal (if different then business) \_\_\_\_\_

Hours of operations: Monday\_\_\_\_\_ Tuesday\_\_\_\_\_ Wednesday\_\_\_\_\_

Thursday\_\_\_\_\_

Friday\_\_\_\_\_

Saturday\_\_\_\_\_

Sunday\_\_\_\_\_

Phone Number:(\_\_\_\_)\_\_\_\_\_

Fax Number:(\_\_\_\_)\_\_\_\_\_

Name of Operator:\_\_\_\_\_

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:\_\_\_\_\_