

APPLICATION TO OPERATE A TATTOO AND/OR BODY PIERCING ESTABLISHMENT

Instructions:

- 1. Complete the applicable section
- 2. Sign and date the application
- 3. Make check or money order payable to: **Ross County Health District** **2018**
- 4. Return payment and signed application to:
Ross County Health District
150 E. Second Street
Chillicothe, Ohio 45601
(740) 775-1158 Fax# (740) 779-9615

Before this application can be processed the application must be completed and the fee submitted. Failure to complete this application and remit the fee shall result in not issuing the approval to operate.

TYPE OF OPERATION:

_____ Tattooing - \$250.00 _____ Body Piercing - \$250.00 _____ Tattooing & Body Piercing - \$450.00

BUSINESS INFORMATION:

Name of tattooing and/or body piercing business: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: (____) _____ Fax Number (____) _____

OPERATOR INFORMATION:

Name of operator: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Daytime office phone number: (____) _____ Fax Number: (____) _____
 Days of operation: _____ Hours of operation: _____

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 OF THE OHIO ADMINISTRATIVE CODE.

Signed: _____ Date: _____

LIST ALL EMPLOYEES ON REVERSE SIDE

FOR OFFICE ONLY:	FEE PAID: _____ DATE: _____
OPERATION ID NUMBER: _____	ISSUED ON: _____
APPLICATION APPROVED BY: _____	DATE: _____