APPLICATION TO OPERATE A TATTOO AND/OR BODY PIERCING ESTABLISHMENT

INSTRUCTIONS

1. Complete the applicable sections. Make any corrections if necessary.
2. Sign and date the application.
3. Make a check or money order payable to: **Ashtabula County Health Department**
4. Return check and signed application by: **January 1**.

TYPE OF OPERATION:

_____ Tattooing _____ Body Piercing _____ Tattooing & Body Piercing

BUSINESS INFORMATION:

Name of Tattoo and/or Body Piercing Business: _____

Address: _____
Street

_____
City State Zip Code

Phone Number: (____) _____ Tax ID#: _____

OPERATOR INFORMATION:

Name of Operator: _____ SS#: _____

Address: _____
Street

_____
City State Zip Code

Daytime Office Phone Number _____
Home Phone Number _____
Days of Operation: _____ Hours of Operation:

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 OF THE OHIO ADMINISTRATIVE CODE.

Signed: _____ Date: _____

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FOR OFFICE USE ONLY:

Date: _____ Receipt No. _____ License No. _____ Check No. _____