

Athens City-County Health Department
278 West Union St.
Athens, OH 45701
(740) 592-4431

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:
4. Return check and signed application by:
to:

TYPE OF OPERATION:

Tattooing Body Piercing Tattooing & Body Piercing Time Limited Specific Event

BUSINESS INFORMATION:

Name of Tattoo and/or Body Piercing Business: _____ Tax ID#: _____

Address: _____

Street

City

State

Zip Code

Phone Number: () _____

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: _____

FOR OFFICE USE ONLY:

License No.: _____

Issued on: _____