Initial Application to Operate a Body Art Establishment

HAMILTON COUNTY PUBLIC HEALTH

PREVENT. PROMOTE. PROTECT.

1701 Patricia McCollum Way, Dept. 93
Cincinnati, OH 45237

Phone 513.946.7800
Fax 513.946.7890

hamiltoncountyhealth.org

INSTRUCTIONS:

1. Complete the application sections.
2. Sign & date the application.
3. Make a check or money order in the amount of $300.00 payable to: **HCGHD.**
4. Return check & signed application to:

   Hamilton County General Health District
   Attn: Waste Management Division
   250 William Howard Taft Rd. 2nd Floor
   Cincinnati, Ohio 45219

TYPE OF OPERATION:

☐ Tattooing ☐ Body Piercing ☐ Tattooing & Body Piercing

BUSINESS INFORMATION:

_____ Tax ID#:_____
Name of Body Art Establishment

Address:_____ _____ _____ _____
Street City State Zip

Phone Number: ( )_____

Days & hours of operation:_____

OPERATOR INFORMATION:

Name of Operator:_____

Address:_____ _____ _____ _____
Street City State Zip

Daytime phone: ( )_____ Home phone: ( )_____

Email Address:_____

I HEREBY CERTIFY THAT I AM THE OPERATOR, OR AUTHORIZED REPRESENTATIVE OF THE ABOVE OPERATION AND INTEND TO COMPLY WITH ALL REQUIREMENTS ESTABLISHED BY SECTIONS 3730.01 to 3730.11 OF THE OHIO REVISED CODE AND SECTIONS 3701-9-01 to 3701-9-09 OF THE OHIO ADMINISTRATIVE CODE.

Signed:_____ Date:_____

FOR OFFICE USE ONLY:

License #:_____ Issued on:_____