

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: _____