

APPLICATION TO OPERATE A BODY ART ESTABLISHMENT

GREENE COUNTY PUBLIC HEALTH
360 WILSON DRIVE
XENIA, OH 45385
1-937-374-5605

Instructions:

1. Complete all sections. Make additions or changes as necessary.
2. Sign and date the application
3. Submit the signed application and the appropriate fee, payable to GREENE COUNTY PUBLIC HEALTH

Business Name: _____

Street Address: _____

City, State, Zip: _____ Phone: _____

Name of Operator: _____ Name of Owner: _____

Mail to Name: _____

Mail to Street: _____

Mail to City: _____ Mail to State: _____ Mail to Zip: _____

APPLICANT _____ DATE _____
(SIGNATURE)

License Fee	Fee Description	Late Fee	Total Fee
0.00		0.00	0.00

TATTOO SERVICES
 BODY PIERCING SERVICES
 TIME LIMITED EVENT

I CERTIFY THAT I AM THE OPERATOR OR THE AUTHORIZED REPRESENTATIVE OF THE ABOVE OPERATION AND INTEND TO COMPLY WITH ALL REQUIREMENTS ESTABLISHED BY SECTION 3730.01 - 3730.11 OF THE OHIO REVISED CODE AND SECTION 3701-09 OF THE OHIO ADMINISTRATIVE CODE.
ALL OWNERS WHO HAVE 5% OR MORE INTEREST IN THE BUSINESS SHALL BE LISTED ABOVE.

PROVIDE A LIST OF ALL BODY ARTISTS WHO HAVE RECEIVED ADEQUATE TRAINING AND ARE OR WILL BE PERFORMING BODY ART SERVICES IN THE BODY ART ESTABLISHMENT.

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

(Office Use Only)

ID # _____ YEAR _____

REGISTRATION APPROVED _____

REGISTRATION DENIED _____

FEE PAID \$ _____ RECEIPT # _____ DATE _____