

APPLICATION TO OPERATE A BODY ART ESTABLISHMENT

GREENE COUNTY PUBLIC HEALTH
360 WILSON DRIVE
XENIA, OH 45385
1-937-374-5611

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

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
200.00	TIME-LIMITED EVENT	0.00	200.00

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 2024 _____

REGISTRATION APPROVED _____

REGISTRATION DENIED _____

FEE PAID \$ _____ RECEIPT # _____ DATE _____