

# 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: UNION COUNTY HEALTH DEPARTMENT
4. Return check and signed application by:

To: Union County Health Department  
940 London Ave., Suite 1100  
Marysville, Ohio 43040

\*Licenses will only be issued once plans have been approved and an inspection has been performed of the facility.

**TYPE OF OPERATION:**

(Circle One)

Annual	Temporary
Tattooing Only	Tattooing & Body Piercing
Body Piercing Only	

**BUSINESS INFORMATION**

Name of Tattoo and/or Body Piercing Business: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip Code

Business Phone Number: ( )

Days of Operation:

Monday	Hours of Operation _____	Friday	Hours of Operation _____
Tuesday	Hours of Operation _____	Saturday	Hours of Operation _____
Wednesday	Hours of Operation _____	Sunday	Hours of Operation _____
Thursday	Hours of Operation _____		

**OPERATOR INFORMATION:**

Name of Operator: \_\_\_\_\_ Home Phone Number: ( )

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip Code

Resident Address: \_\_\_\_\_  
Street City State Zip Code

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Health Department Use Only**

License No.:

Issued on: