APPLICATION TO OPERATE A TATTOO AND/OR BODY PIERCING ESTABLISHMENT FOR A TIME-LIMITED SPECIFIC EVENT

Instructions:

1. Complete the applicable section
2. Sign and date the application
3. Make check or money order payable to: **Ross County Health District** **2007**
4. Return payment and signed application to:

Ross County Health District
475 Western Ave., Suite 3A
Chillicothe, Ohio 45601 **$100.00**
(740) 775-1158 Fax# (740) 779-9615

Before this application can be processed the application must be completed and the fee submitted. Failure to complete this application and remit the fee shall result in not issuing the approval to operate.

TYPE OF OPERATION:

_____Tattooing _____Body Piercing _____Tattooing & Body Piercing

BUSINESS INFORMATION:

Name of tattooing and/or body piercing business:_____
Name of operator:_____
Address:_____
City:_____State:_____Zip:_____
Phone Number: (_____)_____ Fax Number (_____)_____
Location of event:_____
Address City
Name of event:_____
Date of event::_____Hours of operation:_____

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.

Signed:_____Date:_____

FOR OFFICE ONLY: FEE PAID:_____DATE:_____

OPERATION ID NUMBER:_____ISSUED ON:_____

APPLICATION APPROVED BY:_____DATE:_____