



**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. The approval fee for a tattoo and/or body piercing establishment is **\$300.00**. You may pay by cash, credit card, or check.
4. Make a check or money order payable to: ***Miami County Public Health***
5. Return check and signed application by **December 31, 2016** to:  
***Miami County Public Health, 510 W. Water St., Suite 130, Troy, Ohio 45373***

**TYPE OF OPERATION:**

\_\_\_ Tattooing                      \_\_\_ Body Piercing                      \_\_\_ Tattooing & Body Piercing

**BUSINESS INFORMATION:**

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

Tax ID#: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Days & Hours of Operation: \_\_\_\_\_

**OPERATOR INFORMATION:**

Name of Operator: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b> Approved By: _____    Date _____ License # _____    Issued On: _____ Operating Fee: _____
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