

# Initial Application to Operate a Body Art Establishment



PREVENT. PROMOTE. PROTECT.

*Timothy I. Ingram*  
Health Commissioner

250 William Howard Taft Road, 2nd Floor  
Cincinnati, OH 45219

Phone 513.946.7800  
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[hamiltoncountyhealth.org](http://hamiltoncountyhealth.org)

## INSTRUCTIONS:

1. Complete the application sections.
2. Sign & date the application.
3. Make a check or money order in the amount of \$300.00 payable to: **HCGHD.**
4. Return check & signed application to:  
**Hamilton County General Health District**  
**Attn: Waste Management Division**  
**250 William Howard Taft Rd. 2<sup>nd</sup> Floor**  
**Cincinnati, Ohio 45219**

## TYPE OF OPERATION:

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

## BUSINESS INFORMATION:

\_\_\_\_\_ Tax ID#: \_\_\_\_\_  
Name of Body Art Establishment

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

Phone Number: ( ) \_\_\_\_\_

Days & hours of operation: \_\_\_\_\_

## OPERATOR INFORMATION:

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

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

Daytime phone: ( ) \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

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

**I HEREBY CERTIFY THAT I AM THE OPERATOR, OR AUTHORIZED REPRESENTATIVE OF THE ABOVE OPERATION AND INTEND TO COMPLY WITH ALL REQUIREMENTS ESTABLISHED BY SECTIONS 3730.01 to 3730.11 OF THE OHIO REVISED CODE AND SECTIONS 3701-9-01 to 3701-9-09 OF THE OHIO ADMINISTRATIVE CODE.**

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

<p><b><u>FOR OFFICE USE ONLY:</u></b></p> <p>License #: _____ Issued on: _____</p>
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