

Tuscarawas County Health Department

Body Art Establishment Plan Review Application and Guidelines

Last Updated 11/2023



Public Health
Prevent. Promote. Protect.

**Tuscarawas County
Health Department**

Tuscarawas County Health Department Body Art Establishment Plan Review Application and Guidelines

Instructions:

1. Complete the applicable sections
2. Sign and date this application
3. Make a check payable to (for existing establishments): Tuscarawas County Health Department
4. Return check and signed renewal (for existing establishments), signed application, and required documentation (please refer to the list on page 5) to: Tuscarawas County Health Department, 897 East Iron Avenue Dover, Ohio 44622 *Plans may be submitted electronically provided they are easy to access and read. All information regarding plans should be sent to eh@tchdnow.org.

Establishment Information

Name of Establishment: _____

Address of Establishment: _____

Phone for Establishment: _____ Email address: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____ Email address: _____

The Tuscarawas County Health Department will review the application(s) and information submitted. After the application(s) are reviewed any deficiencies will be noted and the applicant will be notified to make any necessary corrections.

For new establishments:

Upon approval of the submitted information, a representative from the Tuscarawas County Health Department will perform an inspection of the establishment. If the establishment is found to be in compliance with OAC 3701-9 an application for a license will be provided. The applicant is required to submit the completed license application with the appropriate payment to Tuscarawas County Health Department. After all applications and information are approved and appropriate payment is made, a permit to operate will be issued.

For existing establishments:

If the applications and information are found to be in compliance with OAC 3701-9 and the appropriate fee is paid, a permit to operate will be issued.

Failure to meet any of the above outlined requirements will result in disapproval of the application. Permits must be renewed on an annual basis by December 31st of each calendar year to avoid a 25% late fee. If you have any questions, please contact the Bureau of Environmental Health at (330) 343-5550.

I/We, operators of the aforementioned business, do attest to my/our intentions to comply with all of the requirements established by Sections 3730.01 to 3730.11 of the Ohio Revised Code and the rules of Chapter 3701-09 of the Administrative Code. I/We understand that any changes to the above information will require the submission of an amended application.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Establishment Information

☐ New Establishment

☐ Existing Establishment

Type of Operation: (check all that apply)

☐ Tattoo

☐ Microblading

☐ Body Piercing

Hours of Operation:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

List Names and Address of all Owners having interest of 5% or more in this Business:

Name	Address	City	State	Telephone	Occupation

List any previous, current, or similar approvals held by the operator for tattoo and/or body piercing services:

List all persons performing tattooing or body piercing services on the premises, including apprentices:

Name	DBHMC Reg. # (if applicable)

Plans and Specifications:

Total Area to be used for the business: _____

Listing of all equipment to be used:

For Health Department Use Only

Date Application Received: _____

Date of Initial Inspection: _____

Approved by: _____

Date Application Approved: _____

Date Processed: _____

Permit Number: _____

Requirements to Obtain a Tattoo and/or Body Piercing Establishment License

Ohio Revised Code Section 3730.02: “No person shall operate a business that offers tattooing or body piercing services unless a board of health has approved the business under section 3730.03 of the Revised Code”

Ohio Administrative Code Section 3701-09-02: “Persons seeking approval to operate a business offering body art services shall apply to the board of health of the city or general health district in which the business is located, on forms the board shall prescribe and provide. The applicant shall submit all applicable fees and information the board of health determines necessary to process the application.”

Tuscarawas County Health Department requires the following list of items to be submitted with a signed application to operate a tattoo and/or body piercing establishment:

1. A floor plan drawing (to scale) showing the total area of the business, the area used for tattooing/piercing services, location of entrances and exits, hand washing sinks, restroom facilities, storage areas, sterilization area and lighting plans, number and types of plumbing fixtures including all water supply facilities.
2. A description of the materials used for the flooring, walls, countertops, and storage areas
3. A list of all equipment
4. Written verification of zoning authority to use building for business
5. Provide proof that all persons performing tattooing or body piercing have received training in the following:
 - a. First Aid
 - b. Safety and sanitation requirements for the prevention of disease transmission
 - c. Universal precautions for bloodborne pathogens
 - d. Appropriate tattoo and piercing aftercare
6. Written infection prevention and control plan that includes:
 - a. Decontamination and disinfecting environmental surfaces
 - b. Decontaminating, packaging, sterilizing, and storing reusable equipment and instruments
 - c. Protecting clean instruments and sterile instruments from contamination during storage
 - d. Ensuring that standard precautions and aseptic techniques are utilized during all body art procedures
 - e. Safe handling and disposal of needles
 - f. Aftercare guidelines
7. For tattooing and microblading services, provide clients a written consent form that includes the color, manufacturer, and lot number of each pigment used for each tattoo performed.
8. Sterilization log that includes date, time, name of operator
9. Minor consent forms to be used (if applicable)
10. Record Retention Policy