

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

Application to Operate a Tattoo and/or Body Piercing Establishment

Instructions:

1. Complete the applicable sections
2. Sign and date the application
3. Make a check payable to: Tuscarawas County Health Department
4. Return check and signed application to: Tuscarawas County Health Department,
897 East Iron Avenue Dover, Ohio 44622

Business Name: _____

Address: _____

Telephone: _____

Manager: _____

Type of Operation:

_____ Tattoo _____ Body Piercing _____ Tattoo & Body Piercing

Permit Status:

_____ New Establishment _____ Existing Establishment

Hours of Operation:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Continued



897 East Iron Avenue
Dover, Ohio 44622

PHONE (330) 343- 5555
FAX (330) 343-1601
EMAIL director@tchdnow.org
WEB SITE www.tchdnow.org

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:

Dates: To and From	Business Name	Address	Licensing Agency

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

Name	DBHMC Reg #

Plans and Specifications:

Total Area to be used for the business: _____

Listing of all equipment to be used: _____

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: _____

For Health Department Use Only

Permit Fee: _____ Date Received: _____ Check # _____

Application approved for permit:

By: _____

Date: _____

Permit Number: _____