



Public Health
Prevent. Promote. Protect.

Tuscarawas County
Health Department

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

 897 E. Iron Ave.
Dover, OH 44622

 (330) 343-5555
 (330) 343-1601

 www.tchdnow.org
 director@tchdnow.org



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: _____