Application for a License to Conduct a Temporary Tattoo / Body Piercing Operation:

TYPE OF TEMPORARY: ☐ Tattoo Service ☐ Body Piercing Service ☐ Tattoo & Body Piercing Service

Instructions:

1. Complete all applicable sections.
2. Sign and date the application
3. Make a check or money order payable to: **Ashland County Health Department**
4. Return signed application and fee payment to:
   Ashland County Health Department
   Attn: Environmental Health
   1763 SR 60
   Ashland, OH 44805
   Email: afisher@health-ashlandcounty-oh.gov

EVENT INFORMATION

Complete this form and return with Fee   *License Fee is $80.00*   *TOTAL FEE ENCLOSED $* _____

Before opening a temporary operation the operator must complete the Event Information and Applicant Information sections below and

pay all applicable fees with attached floor plan **10** days before the event.

Name of Event:_____

Location of Event:_____

Date(s) of Event:_____

Starting Time:_____

Event Organizer:_____

                 (NAME)   *(PHONE/CELL PHONE OR BOTH)*

APPLICANT INFORMATION

Before license application can be processed the application must be completed and the indicted fee submitted. Failure to complete this application and remit the proper fee will result in not issuing a license. This action is governed by Chapter 3730.01 to 3730.11 of the Ohio Revised Code.

Name of Tattoo and/or Body Piercing Business		Business address	
City	State		Zip
Phone #	Fax #		State of Origin License Number

License Holder

Name of license holder for Temporary			Phone number / Cell phone number		
City	State	Zip		Drivers License	Issuing State
Name of individual trained in bloodborne pathogens and their certification number (if available).			License holder is: (check all that apply) ☐ Owner ☐ Co-Owner ☐ Operator		
I hereby certify that I am the license holder, or the authorized representative of the tattoo and/or body piercing establishment indicated above, and will comply with all requirements established by sections 3730.01 to 3730.11 of the Ohio Revised Code and all sections of Chapter 3701-9 of the Ohio Administrative Code.					
Signature			Date		

Office Use Only		Total License Fee for Event	= Total Fee Amount Paid
By	Date	Audit no.	License no.

(Update 6/22