



HURON COUNTY GENERAL HEALTH DISTRICT

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Environmental Health

419-660-0129 FAX

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Timothy Hollinger MPH
Health Commissioner

Application to Operate a Tattoo and/or Body Piercing Establishment

INSTRUCTIONS:

1. Complete Section I for a renewal of an existing facility.
2. Complete Section I and II for a new facility.
3. Make a check or money order payable to: **Huron County General Health District**
4. All approvals expire December 31 of each year

SECTION I

TYPE OF OPERATION:

___ Tattooing (\$173.00/yr) ___ Body Piercing (\$173.00/yr) ___ Tattooing & Body Piercing (\$173.00/yr)

BUSINESS INFORMATION:

Name of Tattoo and/or Body Piercing Business: _____ Tax ID#: _____
Address: _____

Street

City

State

Zip Code

Phone Number: () _____

OPERATOR INFORMATION:

Name of Operator: _____ SS#: _____
Address: _____

Street

City

State

Zip Code

Daytime Office Phone Number: () _____

Home Phone Number: () _____

Days of Operation: _____ Hours of Operation: _____

I HEREBY CERTIFY THAT I AM THE OPERATOR, OR THE AUTHORIZED REPRESENTATIVE OF THE ABOVE OPERATION AND INTEND TO COMPLY WITH ALL REQUIREMENTS ESTABLISHED BY SECTION 3730 OF THE OHIO REVISED CODE AND SECTION 3701 OF THE OHIO ADMINISTRATIVE CODE.

Signed: _____ Date: _____

FOR OFFICE USE ONLY:

License No.: _____

Issued on: _____

New Renewal

Receipt: _____

Date Received: _____

Approved by: _____

SECTION II
FOR NEW FACILITIES ONLY

For approval of a new facility, submit the following:

- 1) Plans and specifications shall be legible, drawn reasonably to scale, and shall include:
 - The total area to be used for the business
 - Entrances and exits
 - Number, location, and types of plumbing fixtures including all water supply facilities
 - A lighting plan
 - A floor plan showing the general layout of fixtures and equipment
 - A listing of all equipment to be used
- 2) Names of each person who has an ownership interest of five percent or more in the business
- 3) Records of completion of courses or seminars by all individuals performing tattooing or body piercing (i.e. first aid, blood borne pathogen, infectious disease prevention, tattooing and body piercing aftercare)
- 4) Written statements of attestation by all individuals performing tattooing or body piercing that they have received sufficient training of adequate duration.
- 5) Written procedures for disinfection and sterilization of all non-disposable equipment, monitoring tools and logs of heat sterilization devices, and ensuring the safety of employees and clients.
- 6) Identify and previous, current, or similar approvals held by the operator for tattooing or body piercing services.
- 7) Plan Review Fee: \$50.00

Signature of Applicant _____

Date _____