

For Office Use Only

Receipt # _____ Date: _____

Amt. _____ Check # _____

Cash



**Lorain County
Public Health**

For the Health of Us All

Application for Approval to Operate a Body Art Establishment:

Offering (Check One Only):

- Tattooing Services Only (Includes Permanent Cosmetics) **\$ 430.00**
- Body Piercing Services Only **\$ 430.00**
- Combined Body Art Services (Offering more than one type of service) **\$ 430.00**

Instructions:

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to: *Lorain County Public Health*
4. Return check and signed application to: *9880 Murray Ridge Road
Elyria, Ohio 44035*

For annual renewal, return the completed application on or before December 31st pursuant to section 3730.03 of the Ohio Revised Code. If payment of a fee established under section ORC 3709.09(D) is not postmarked or received by the day on which payment is due, the board of health shall assess a penalty. The amount of the penalty shall be equal to twenty-five per cent of the applicable fee. For a new operation, this application must be submitted along with all information required in the Body Art Plan Review for a New Operation.

Name of Business			
Address of Business			
City	State	ZIP	Phone # of Business
Name of Operator		Occupation of Operator	
Mailing Address (if different from above)			
City	State	ZIP	Phone #
Hours of operation	Days of Operation		

If the operator is not an association, corporation, or partnership check this box:

If the operator is an association, corporation, or partnership, provide the address and telephone number of the entity and name of every person who has an ownership interest of five percent or more in the entity.

Entity Name			
Entity Address			
City	State	ZIP	Phone #

Name of person who has an ownership interest	Name of person who has an ownership interest
Name of person who has an ownership interest	Name of person who has an ownership interest
Name of person who has an ownership interest	Name of person who has an ownership interest

If the operator owns the place of business check this box:

If the operator does **not** own the place of business, or if he or she owns only part of the place of business, list the name of each person who has an ownership interest of five percent or more in the business.

Name of person who has an ownership interest	Name of person who has an ownership interest
Name of person who has an ownership interest	Name of person who has an ownership interest
Name of person who has an ownership interest	Name of person who has an ownership interest

List all the artists who have received adequate training as defined in Ohio Administrative Code Section 3701-9-04 (M) and will be performing body art services in the body art establishment. No artist may perform body art services without receiving adequate training.

Name of Artist	Name of Artist
Name of Artist	Name of Artist
Name of Artist	Name of Artist

<i>I hereby attest that I am the operator or the authorized representative of the above business and have read and intend to comply with all requirements established by sections 3730.01 to 3730.11 of the Ohio Revised Code and the rules of chapter 3701-9 of the Ohio Administrative Code:</i>	
Signature	Date

Lorain County Public Health to Complete Below

Application approval as required by Section 3730 of the Ohio Revised Code.

Approved By	Date
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