



Franklin County Public Health
 280 East Broad Street
 Columbus, Ohio 43215-4562
 (614) 525-3160
 www.myfcph.org

Body Art Establishment Application

Community Environmental Health Program

Instructions:

1. Complete the application.
2. Sign and date the application.
3. Submit the signed application and the operation approval fee to Franklin County Public Health.

Establishment Information

Services Offered (check all that apply):			<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing
Name		Phone Number		
Address				
City	State	Zip Code		

Owner/Operator (If more than one owner, please list additional owners on the reverse side)

Name		Phone Number		
Address				
City	State	Zip Code		

Artist(s) Information (If you need to list additional artists, please list on the reverse side)

Name		<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing
Name		<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing

Authorization

I hereby certify that I am the operator, owner or authorized representative of the above tattoo and/or body piercing establishment and intend to comply with all requirements established by Sections 3730.01-3730.11 of the Ohio Revised Code and Chapter 3701-9 of the Ohio Administrative Code.	
Name	
Signature	Date

For Office Use Only

Permit Fee \$152.00	Late Fee	Total Amount Due \$ 152.00
Application to Operate <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reviewer	
Audit Number	Operation Approval Number	

Additional Owners/Operators (if applicable)

Name	Phone Number	
Address		
City	State	Zip Code

Name	Phone Number	
Address		
City	State	Zip Code

Additional Artists Information (if applicable)

Name	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing
Name	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing
Name	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing
Name	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing
Name	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing
Name	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing