



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 permit 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		

\*\*\*Please Indicate Preferred Mailing Address for License & Renewals

Physical Address     Owner/Operator Address

### 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

<b>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.</b>	
Name	
Signature	Date

### For Office Use Only

Permit Fee <b>\$148.00</b>	Late Fee	Total Amount Due <b>\$ 148.00</b>
Application to Operate <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reviewer	
Audit Number	Permit 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
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