



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

## Body Art Time-Limited Event Application

Community Environmental Health Program

**Instructions:**

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

**Time-Limited Event Information**

Services Offered (check all that apply): <input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercing		Date of Time-Limited Event
Name of Tattoo and/or Body Piercing Business		Phone Number
Event Location 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**

<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>\$75.00</b>	Late Fee <b>N/A</b>	Total Amount Due <b>\$75.00</b>
Application to Operate <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Reviewer

Audit Number	Operation Approval Number
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**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
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