

Body Art Facility Ownership Change Application

Instruction:

Complete all sections of page# 1 of this application and submit it to CCPH office via email: ccph@clermontcountyohio.gov or mail/drop off at 2275 Bauer Road, Suite 300, Batavia, Ohio, 45103, along with the documents listed below:

- Proof of ownership change (Letter from old owner/proof of sale etc.) and last day of the old owner's operation
- Body art, first aid, and blood borne pathogen training certificates of all artists
- Updated Infection Prevention Control Plan

Body Art Facility Information

Current name of the facility:

New name of the facility: *(if applicable)*

Address:

Phone number:

Email:

Type of services offered (check all the apply) Tattoo Piercing Cosmetics/microblading

Owner Information

List ALL persons having an ownership interest of 5% or more in the Corporation or Association or Partnership

Owner name:

Owner name:

Address:

Address:

Phone:

Phone:

Email:

Email:

Billing Address

Provide ONLY if it is different from Owner Information or if the facility has more than one Owner

Name:

Address:

City:

State:

Zip:

Phone number:

Email:

Indicate the changes that will be made to the facility

Change of equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change in layout	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change to finish materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change to body art procedures <i>(e.g. adding microblading, piercing etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to one or more questions above, please provide additional details in a separate document.

I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Clermont County Public Health may nullify final approval.

New Owner/Project Contact Name	New Owner/Project Contact Signature	Date
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FOR OFFICE USE ONLY		
<input type="checkbox"/> Ownership change with no change to the existing facility <input type="checkbox"/> Minor updates are made to the equipment, procedure area and/or finishes, and layout <input type="checkbox"/> Major updates are made to the equipment, procedure area and/or finishes, and layout		
Additional comments:		
Application received date	Application reviewed by	Application <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Needs plan review)
Sanitarian Signature	Date	