



Application to Operate Time-limited Body Art Establishment

Instructions

1. Complete all applicable sections
2. Sign and date the application
3. Make a check or money order payable to: Clermont County Treasurer (Refer to fee schedule for fee)
4. Return payment and signed application to: Clermont County Public Health, 2275 Bauer Rd, Batavia, OH 45103

Event Information		
Name		
Address		
City	State	Zip Code
Event Start Date	Event End Date	
Hours of Operation:		
Type of Service Offered (Check ALL that apply)		
<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> permanent Makeup

License Holder Information		
<i>(If more than one owner, please list additional owner on the reverse side)</i>		
Name of License Holder for Time-limited/Temporary Event		
Address		
City	State	Zip Code
Phone Number	Email	
Artist Name		
Artist Training (If more than one artist, please list additional artist on the reverse side)		
<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> First Aid
		<input type="checkbox"/> Bloodborne pathogen
<i>(Include copies of all training certificates)</i>		



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List all persons having an ownership interest of 5% or more in the Corporation/Association/Partnership		
Name	Address	Phone Number

List of ALL body artists who have received adequate training and will be performing body art services in the body art establishment <i>(Note: Include a copy of all training records)</i>				
Name	Type of Training			
	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> First Aid	<input type="checkbox"/> Bloodborne pathogen
	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> First Aid	<input type="checkbox"/> Bloodborne pathogen
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	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> First Aid	<input type="checkbox"/> Bloodborne pathogen
	<input type="checkbox"/> Tattoo	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> First Aid	<input type="checkbox"/> Bloodborne pathogen

I hereby attest that, as the owner and operator of this body art establishment, I fully intend to comply with all requirements established by sections 3730.01 to 3730.11 of the Revised Code and the rules of Section 3701-09 of the Ohio Administrative Code.

Name	Signature	Date