

**MAHONING COUNTY PUBLIC HEALTH
APPLICATION TO OPERATE A TATTOO AND/OR BODY PIERCING ESTABLISHMENT**

INSTRUCTIONS:

1. Complete the applicable sections. Make any corrections if necessary.
2. Sign and date the application.
3. Make a check or money order of **\$596** payable to: Mahoning County Public Health
Late Fee applicable after December 31st, 25% penalty fee (\$149)
4. Return check and signed application to: Mahoning County Public Health, 50 Westchester Drive, Youngstown, Ohio 44515, **Attn: Tattoo Renewal**

Business Name: _____

Address: _____

Telephone: _____ Email: _____

Manager: _____

TYPE OF OPERATION:

_____ Tattooing _____ Body Piercing _____ Tattooing & Body Piercing

PERMIT STATUS:

_____ New Establishment _____ Existing Establishment _____ Other (explain)

HOURS OF OPERATION:

SUN	MON	TUES	WED	THURS	FRI	SAT
_____	_____	_____	_____	_____	_____	_____

LIST NAMES AND ADDRESSES OF ALL OWNERS HAVING AN INTEREST OF 5% OR MORE IN THIS BUSINESS:

1. _____

NAME	ADDRESS	CITY	STATE
TELEPHONE		OCCUPATION	

2. _____

NAME	ADDRESS	CITY	STATE
TELEPHONE		OCCUPATION	

3. _____

NAME	ADDRESS	CITY	STATE
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LIST ANY PREVIOUS, CURRENT, OR SIMILAR APPROVALS HELD BY THE OPERATOR FOR TATTOOING AND/OR PIERCING SERVICES (ATTACH ADDITIONAL PAGES IF NECESSARY)

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DATES: FROM: _____ TO: _____

BUSINESS NAME: _____

ADDRESS: _____

LICENSING AGENCY: _____

=====

DATES: FROM: _____ TO: _____

BUSINESS NAME: _____

ADDRESS: _____

LICENSING AGENCY: _____

=====

DATES: FROM: _____ TO: _____

BUSINESS NAME: _____

ADDRESS: _____

LICENSING AGENCY: _____

=====

LIST ALL PERSONS PERFORMING TATTOOING OR BODY PIERCING SERVICES ON THE PREMISES, INCLUDING APPRENTICES:

NAME: _____ MCPH REG #: _____

NAME: _____ MCPH REG #: _____

NAME: _____ MCPH REG #: _____

NAME: _____ MCPH REG #: _____

NAME: _____ MCPH REG #: _____

NAME: _____ MCPH REG #: _____

NAME: _____ MCPH REG #: _____

NAME: _____ MCPH REG #: _____

NAME: _____ MCPH REG #: _____

NAME: _____ MCPH REG #: _____

NAME: _____ MCPH REG #: _____

PLANS & SPECIFICATIONS:

TOTAL AREA TO BE USED FOR THE BUSINESS: _____

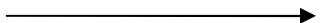
LISTING OF ALL EQUIPMENT TO BE USED: _____

FLOOR PLAN SHOWING GENERAL LAYOUT OF FIXTURES, EQUIPMENT, ENTRANCES AND EXITS, INDIVIDUAL WORK AREAS, LOCATION AND TYPES OF PLUMBING FIXTURES, AND LIGHTING, ETC: (TO SCALE).

PLEASE MAKE SURE THE FOLLOWING ARE ATTACHED:

(Initial Application Only)

- INFECTION CONTROL PLAN
- WRITTEN APPROVAL FROM ZONING DEPARTMENT HAVING JURISDICTION
- WRITTEN APPROVAL FROM BUILDING DEPARTMENT HAVING JURISDICTION

OVER 

I/We as operators of the aforementioned business do attest to my/our intentions to comply with all requirements established by Sections 3730.01 to 3730.11 of the Ohio Revised Code and the rules of Chapter 3701-09 of the Administrative Code. I/We understand that any changes to the above information will require the submission of an amended application.

Signature

Date

Signature

Date

Signature

Date

=====
HEALTH DEPARTMENT TO COMPELTE BELOW:
=====

Application approved for permit:

By: _____

Date: _____

Permit #: _____