

**MAHONING COUNTY PUBLIC HEALTH
BODY ARTIST REGISTRATION APPLICATION**

INSTRUCTIONS:

1. Complete the applicable sections. Make any corrections if necessary.
2. Sign and date the application.
3. Make a check or money order payable to: Mahoning County Public Health
4. Return check and signed application to: Mahoning County public Health, 50 Westchester Drive, Youngstown, Ohio 44515

REGISTRATION REQUESTED:

_____ Tattoo Artist _____ Body Piercer _____ Combined _____ Apprentice

CURRENT STATUS:

_____ New Applicant **\$125**

_____ Annual Renewal. MCPH REG # _____ **\$50**

_____ Other (Explain) **\$125**

Name: _____ Phone # _____

Address: _____ City: _____ Zip: _____

Business Name: _____ Phone # _____

Address: _____

APPRENTICESHIPS:

Application for apprenticeship must also be signed by trainer offering apprenticeship.

- Written statement of attestation by person(s) offering apprenticeship must be attached upon completion of apprenticeship

Trainer Printed Name

MCPH Reg # Date

Trainer Signature

OVER →

REQUIRED HEALTH AND SAFETY TRAINING

(Attach documentation of attendance)

First Aid: _____
Date(s) of Training Training Agency

Standard Precautions: _____
Date(s) of Training Training Agency

Principles of Sterilization: _____
Date(s) of Training Training Agency

Sign and date application below:

Applicant Signature

Date

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HEALTH DEPARTMENT TO COMPELTE BELOW:
=====

Fee: _____

Date Received: _____

Check #: _____

Approved by: _____

Date: _____

Registration #: _____