

**DISTRICT BOARD OF HEALTH-MAHONING COUNTY
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 payable to: District Board of Health-Mahoning County
4. Return check and signed application to: District Board of Health-Mahoning County, 50 Westchester Drive, Youngstown, Ohio 44515

Business Name: _____

Address: _____

Telephone: _____

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
_____		_____	
TELEPHONE	OCCUPATION		

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

=====

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: _____ DBHMC REG #: _____

NAME: _____ DBHMC REG #: _____

NAME: _____ DBHMC REG #: _____

NAME: _____ DBHMC REG #: _____

NAME: _____ DBHMC REG #: _____

NAME: _____ DBHMC REG #: _____

NAME: _____ DBHMC REG #: _____

NAME: _____ DBHMC REG #: _____

NAME: _____ DBHMC REG #: _____

NAME: _____ DBHMC REG #: _____

NAME: _____ DBHMC 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).

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:
=====

Permit Fee: _____ Date Received: _____ Check #: _____

Application approved for permit:

By: _____

Date: _____

Permit #: _____