

# APPLICATION TO OPERATE A BODY ART ESTABLISHMENT

GEAUGA PUBLIC HEALTH  
12611 RAVENWOOD DR, SUITE 300  
CHARDON, OH 44024  
1-440-279-1900

**Instructions:**

1. Complete all sections. Make additions or changes as necessary.
2. Sign and date the application
3. Submit the signed application and the appropriate fee, payable to

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Operator: \_\_\_\_\_ Name of Owner: \_\_\_\_\_

Mail to Name: \_\_\_\_\_

Mail to Street: \_\_\_\_\_

Mail to City: \_\_\_\_\_ Mail to State: \_\_\_\_\_ Mail to Zip: \_\_\_\_\_

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(SIGNATURE)

License Fee	Fee Description	Late Fee	Total Fee
250.00	<b>TATTOO ANNUAL LICENSE FEE</b>	0.00	250.00

This license expires on December 31 every year.

The owner(s) of this establishment agrees to comply with the Ohio Administrative Code sections 3701-9-01 to 3701-9-09 and the Ohio Revised Code sections 3730.01 to 3730.11.

The owner(s) also agree to allow the Geauga County Health District the right to inspect the establishment at any time the Health District deems necessary.

(Office Use Only)

ID # \_\_\_\_\_ YEAR \_\_\_\_\_

REGISTRATION APPROVED \_\_\_\_\_

REGISTRATION DENIED \_\_\_\_\_

FEE PAID \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_ DATE \_\_\_\_\_