CLARK COUNTY COMBINED HEALTH DISTRICT
529 E. HOME ROAD
SPRINGFIELD, OHIO 45503
(937) 390-5600

Application to Operate a Tattoo and/or Body Piercing Establishment For the Year 2009

INSTRUCTIONS:

1. Complete the applicable sections. Make any corrections if necessary.
2. Sign and date the application.
3. Make a check or money order, in the amount of $109.00 payable to: Clark County Combined Health District ("CCCHD")
4. Return check and signed application by:
5. to: Clark County Combined Health District, 529 E. Home Road, Springfield, OH 45503

TYPE OF OPERATION:

___ Tattooing ___ Body Piercing ___ Tattooing & Body Piercing

BUSINESS INFORMATION:

Name of Tattoo and/or Body Piercing Business: _____ Tax ID#: _____

Address: _____
Street

_____
City State Zip Code

Phone Number: (____) _____ E-mail Address: _____

OPERATOR INFORMATION:

Name of Operator: _____ SS#: _____

Address: _____
Street

_____
City State Zip Code

Daytime Office Phone Number: (____) _____

Home Phone Number: (____) _____

Days of Operation: _____ Hours of Operation: _____

I HEREBY CERTIFY THAT I AM THE OPERATOR, OR THE AUTHORIZED REPRESENTATIVE, OF THE ABOVE OPERATION AND INTEND TO COMPLY WITH ALL REQUIREMENTS ESTABLISHED BY CHAPTER 3730 OF THE OHIO REVISED CODE, CHAPTER 3701 OF THE OHIO ADMINISTRATIVE CODE, AND THE CLARK COUNTY COMBINED HEALTH DISTRICT REGULATIONS GOVERNING THE OPERATION OF A TATTOO AND/OR BODY PIERCING ESTABLISHMENT.

Signed: _____ Date: _____

FOR OFFICE USE ONLY:

License No.: _____ Issued on: _____