



www.allencountypublichealth.org
Allen County Combined Health District

Application to Operate a Time-Limited 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: Allen County Health Department
4. Return check and signed application by: At least 10 business days prior to event
to: Allen County Public Health Department
219 E. Market St., P.O. Box 1503, Lima, OH 45802
5. License Fee: \$200.00

TYPE OF OPERATION:

☐ Tattooing ☐ Body Piercing ☐ Tattooing & Body Piercing

OPERATOR INFORMATION:

Name of Tattoo and/or Body Piercing Business: _____
Address: _____
Street
City State Zip Code
Phone Number: () _____

LOCATION OF OPERATION:

Name of Operator/Artist: _____
Address of Time-Limited Operation: _____
Street
City State Zip Code County
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 SECTION 3730 OF THE OHIO REVISED CODE AND SECTION 3701 OF THE OHIO ADMINISTRATIVE CODE.

Signed: _____ Date: _____

FOR OFFICE USE ONLY:

License No.: _____ Issued on: _____



219 E. Market Street, P.O. Box 1503, Lima, Ohio 45802-1503 | Phone: 419-228-4457 | Fax: 419-224-4161

An Equal Opportunity Employer and Provider of Services Serving All Allen County Including the Cities of Lima & Delphos

Please provide information on the following:

1. What type of handwashing facilities will be provided? Where?
2. How will privacy be provided for patrons requesting privacy?
3. How will trash be removed and contained?
4. How will sharps be removed and contained?
5. How will equipment be disinfected and/or sterilized during operation?
6. How will adequate lighting be provided during the event?
7. Do you operate under current Board of Health approval in any other local health jurisdiction in Ohio? If so, where?
8. If approved under another health jurisdiction, please supply current records of operator training in the following areas: First Aid, Safety and Sanitation, Universal Precautions, and Appropriate Tattoo and Piercing Aftercare. **Without the required records, a license will not be issued.**
9. List all equipment to be used at the event (i.e., autoclave, ultra-sonic machine, including a negative biological monitoring test).
10. Please provide a drawing of the layout of the operation below. Use reverse side if necessary.