

Application to Conduct a Tattoo/Body Piercing

Operation: (check only one)

- Tattooing/Body Piercing
- Cosmetic Tattooing

- Instructions:**
1. Complete the applicable section. (Make any corrections if necessary.)
 2. Sign and date the application.
 3. Make a check or money order payable to: **ZMCHD**
 4. Return check and signed application on or before January 1st to:

**Zanesville-Muskingum County Health Department
205 N 7th Street
Zanesville, OH 43701**

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/a license. This action is governed by Ohio Revised Code 3730.

Name of Tattoo/Body Piercing Establishment:		
Name of Operator:		
Address of Establishment:		E-mail
City	State	ZIP
Name of Parent Company/Owner or Licensee:		
Address:	City:	State:
		Zip Code:
Phone #:	E-Mail:	

*Address listed under Parent Company/Owner will receive yearly Application Renewals to that address.

Artists Operating at Facility:	Phone Number:

Hours of Operation:	Days of Operation:
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HEREBY CERTIFY THAT I AM THE OPERATOR AT THE ABOVE BUSINESS ESTABLISHMENT AND INTEND TO COMPLY WITH ALL REQUIREMENTS ESTABLISHED BY SECTION 3730 OF THE OHIO REVISED CODE.	
Signature	Date

Licensors to complete below

License Fee: \$250.00	Late Fee (if applicable): \$0	Total License Fee: \$250.00
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Application approved for license and certified as required by Chapter 3730 of the Ohio Revised Code.

By	Date
Audit no.	License no