_____ Application to Conduct a Time-Limited Tattoo/Body Piercing Operation:

Instructions:

1. Complete the applicable sections.
2. Sign and date the application.
3. Make a check or money order payable to: **ZMCHD**
4. Submit non-refundable payment of **$50** and signed application to:

ZMCHD
205 N 7th ST
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 Temporary Tattoo/Body Piercing Establishment:			
Location of Event/Operation:			
Address of Event/Operation:			E-mail
City		State	ZIP
Name of Parent Company or License Holder:			
Address:	City:	State:	Zip Code:
Phone #:	E-Mail:		

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

Name of Artist:	Days of Event:
Daytime Phone #:	Hours of Event:

I 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**

Licensor to complete below

License Fee:	Late Fee (if applicable):	Total License Fee:

Application approved for license and certified as required by Chapter 3730 of the Ohio Revised Code.

License Valid Date(s):

By	Date
Audit no.	License no