2024 Application for a License to Conduct a Temporary Tattoo / Body Piercing Operation:

TYPE OF TEMPORARY: ☐ Tattoo Service ☐ Body Piercing Service ☐ Tattoo & Body Piercing Service

Instructions:
1. Complete all applicable sections.
2. Sign and date the application.
3. Make a check or money order payable to: Richland Public Health
4. Return signed application and fee payment to:
   Richland Public Health
   Attn: Environmental Health
   555 Lexington Avenue
   Mansfield OH 44907

EVENT INFORMATION
Complete this form and return with fee License Fee is $109.00 TOTAL FEE ENCLOSED $________

Before opening a temporary operation the operator must complete the Event Information and Applicant Information sections below and pay all applicable fees 10 days before the event.

Name of Event:______________________________________________________________
Location of Event:___________________________________________________________
Date(s) of Event:____________________________________________________________
Starting Time:______________________________________________________________
Event Organizer:____________________________________________________________
   (NAME) (PHONE/CELL PHONE OR BOTH)

APPLICANT INFORMATION
Before license application can be processed the application must be completed and the indicted fee submitted. Failure to complete this application and remit the proper fee will result in not issuing a license. This action is governed by Chapter 3730.01 to 3730.11 of the Ohio Revised Code.

<table>
<thead>
<tr>
<th>Name of Tattoo and/or Body Piercing Business</th>
<th>Business address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone #</td>
<td>Fax #</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Holder</th>
<th>Phone number / Cell phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of license holder for Temporary</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Name of individual trained in bloodborne pathogens and their certification number (if available).</td>
<td>License holder is: (check all that apply)</td>
</tr>
<tr>
<td>☐ Owner ☐ Co-Owner ☐ Operator</td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that I am the license holder, or the authorized representative of the tattoo and/or body piercing establishment indicated above, and will comply with all requirements established by sections 3730.01 to 3730.11 of the Ohio Revised Code and all sections of Chapter 3701-9 of the Ohio Administrative Code.

Signature ___________________________ Date ________________

Office Use Fields in Grey
Total License Fee for Event
= Total Fee Amount Paid

By ___________________________ Date ____________
Audit no. ________________ License no. ________________

(Update 3/15)