



# Richland Public Health

555 Lexington Ave., Mansfield, OH 44907  
419-774-4500 • www.richlandhealth.org



## 2024 APPLICATION TO OPERATE A TATTOO AND/OR BODY PIERCING ESTABLISHMENT

### INSTRUCTIONS:

Complete all applicable sections. Make any corrections as necessary, and sign and date the application. Make check or money order in the amount of **\$219.00** payable to:

Richland Public Health  
555 Lexington Avenue  
Mansfield, OH 44907

**IF YOU ARE RENEWING YOUR LICENSE, PAYMENT MUST BE RECEIVED OR POSTMARKED BY DECEMBER 31, 2023 OR A 25% LATE PENALTY WILL BE ADDED.**

### TYPE OF OPERATION:

- Tattooing Services
- Body Piercing Services
- Combined Body Art Services

### ARTIST NAME(S):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Add additional artists on back of application

### BUSINESS INFORMATION:

Name of Operation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number for Operation: \_\_\_\_\_

### OWNER/OPERATOR INFORMATION:

Name of All Owner/Operator (s) with five (5) % or more interest in the business:

\_\_\_\_\_

\_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number(s): \_\_\_\_\_

Days of Operation (circle):    M    T    W    Th    F    Sat    Sun

Hours of Operation: \_\_\_\_\_

I HEREBY CERTIFY THAT I AM THE OPERATOR, OR THE AUTHORIZED REPRESENTATIVE OF THE ABOVE OPERATION AND WILL COMPLY WITH ALL REQUIREMENTS ESTABLISHED UNDER SECTION 3730 OF THE OHIO REVISED CODE AND SECTION 3701 OF THE OHIO ADMINISTRATIVE CODE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**DO NOT WRITE BELOW THIS LINE**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_