



Richland Public Health

555 Lexington Ave., Mansfield, OH 44907

419-774-4500 • www.richlandhealth.org



2026 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 **\$250.00** 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, 2025 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: _____

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DO NOT WRITE BELOW THIS LINE

Category: _____ Operation Fee: _____ ID #: _____

Approved by: _____ Date: _____

Prevent. Promote. Protect.