



**Holmes County  
General Health District**

P.O. Box 272  
Millersburg, OH 44654  
Phone: 330-674-8422  
Fax: 330-674-2528

**Application for License  
Tattoo Establishment/Body Piercing Establishment**

- License requested:
- Tattooing services
  - Body piercing services
  - Combined tattooing and body piercing services
  - Time-limited approval for a specific event

Establishment Name: \_\_\_\_\_

Location (street address) \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Applicant (Responsible person) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Statement of Attestation:**

As the person responsible for this tattoo/body piercing establishment, I acknowledge that I am familiar with the requirements of Ohio Revised Code sections 3730.01 to 3730.11 and the rules of this chapter. I agree to comply with all requirements of the Ohio Revised Code, Ohio Administrative Code and any requirements of the Holmes County District Board of Health.

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

Submit the following as attachments to this application along with the fee of \$250.00

- 1 The name, address, telephone and e-mail of each person who has an ownership interest of 5% or more in the business.
- 2 A floor plan, drawn to scale, showing the general layout of fixtures and equipment.
  - a) Total area to be used for the business.
  - b) Entrances and exits

- c) Number, location and types of plumbing fixtures, including all water supply facilities.
  - d) Lighting plan.
- 3 List of all equipment, including manufacturer and model number, to be used on the premises.
  - 4 The name, address, telephone, and e-mail of each tattoo artist operating on the premises.
  - 5 Evidence that all persons performing tattooing or body piercing services on the business premises have received appropriate training in tattooing or body piercing.
  - 6 Written description of procedures to ensure that all persons performing tattooing or body piercing services on the premises shall have received training in the following:
    - a) First aid
    - b) Safety and sanitation requirements for preventing transmission of infectious disease
    - c) Universal precautions against blood borne pathogens
    - d) Appropriate tattoo and piercing aftercare
  - 7 Written description of procedures to ensure that persons performing tattooing or body piercing services on the premises shall disinfect and sterilize all non-disposable equipment or parts of equipment used in performing procedures.
  - 8 Written description of procedures ensuring the performance of weekly biological monitoring tests of the business's heat sterilization devices, to ensure that the devices thoroughly kill microorganisms.
  - 9 Written description of procedures to ensure the general health and safety of all persons employed by the establishment
  - 10 Written description of procedures to maintain a written record of dye colors, manufacturer, and any available lot number or other identifier of each pigment used.
  - 11 Written description of procedures for ensuring informed consent for performing procedures on persons under the age of eighteen (ORC 3730.06,3730.07)
  - 12 Identify any previous, current or similar approval held by the operator for tattooing or piercing services.

**For Office Use:**

Date application received: \_\_\_\_\_ Fee received: \_\_\_\_\_

Staff recommendation:       Approval                               Disapproval

Board action:                       Approved                               Not approved

License issued:                      Date: \_\_\_\_\_ License #: \_\_\_\_\_

Notes: