

**BOARD OF HEALTH
BELMONT COUNTY GENERAL HEALTH DISTRICT**

68501 Bannock Road • St. Clairsville, Ohio 43950 • Phone (740) 695-1202 • Fax (740) 695-8890
www.BelmontCountyHealth.com



**APPLICATION TO OPERATE A TATTOO AND BODY PIERCING ESTABLISHMENT
2022**

INSTRUCTIONS:

- Sign and date the application.
 - **Fee: \$250.00 Tattooing Only**
 - **Fee: \$250.00 Body Piercing Only**
 - **Fee: \$500.00 Tattooing & Body Piercing Combined**
- Make check or money order payable to:
BELMONT COUNTY HEALTH DEPARTMENT
- Return payment and signed application to:
BELMONT COUNTY HEALTH DEPARTMENT
68501 BANNOCK ROAD
ST. CLAIRSVILLE, OH 43950
PHONE: 740-695-1202 FAX 740-695-8890

For license renewal, return the completed application before January 01, of each year. Before this application can be processed, the application must be completed and fee submitted. Failure to complete this application and remit fee shall result in not issuing the approval to operate. If payment of a fee established under section ORC 3709.09 (D) is not postmarked or received by the day on which payment is due, the board of health shall assess a penalty. The amount of the penalty shall be equal to twenty-five percent of the applicable fee. The applicable fee applies to the local fee only.

TYPE OF OPERATION:

TATTOOING ONLY BODY PIERCING ONLY TATTOOING & BODY PIERCING

BUSINESS INFORMATION:

Name of Business: _____

Address: _____

Phone Number: _____

Email: _____

OPERATOR INFORMATION:

Name of Operator: _____

Address: _____

Daytime office phone number: _____

Fax: _____

Days of Operation: _____

Hours of Operation: _____

I HEREBY CERTIFY THAT I AM THE OPERATOR, OR THE AUTHORIZED REPRESENTATIVE OF THE ABOVE AND INTEND TO COMPLY WITH ALL REQUIREMENTS ESTABLISHED BY SECTION 3730 OF THE OHIO REVISED CODE AND SECTION 3701-9 OF THE OHIO ADMINISTRATIVE CODE.

SIGNED: _____ DATE: _____

.....
FOR OFFICE USE ONLY

OPERATION ID NUMBER: _____ ISSUED ON: _____

APPLICATION APPROVED BY: _____ DATE: _____