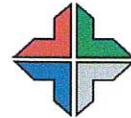


**BOARD OF HEALTH  
BELMONT COUNTY HEALTH DEPARTMENT**



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

**APPLICATION TO OPERATE A TATTOO AND BODY PIERCING ESTABLISHMENT  
2026**

**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, 2026. 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:

**OPERATOR INFORMATION:**

Name of Operator:

Address:

Phone Number:

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: \_\_\_\_\_

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**STATEMENTS ATTESTING TO THE TRAINING OF A PERSON EMPLOYED TO DO  
TATTOOING AND/OR BODY PIERCING**

BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_ TATTOO      PIERCING

Certificate of Training: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Apprenticeships: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Total Years of Experience: \_\_\_\_\_

**REQUIRED HEALTH AND SAFETY TRAINING: (Copies of Certificates shall be submitted along with the application)**

First Aid: \_\_\_\_\_  
Date(s) of Training      Training Agency

Blood borne Pathogens: \_\_\_\_\_  
Date(s) of Training      Training Agency

AfterCare: \_\_\_\_\_  
Date(s) of Training      Training Agency

Sanitation & Safety: \_\_\_\_\_  
Date(s)      Training Agency

Employee: \_\_\_\_\_ Operator: \_\_\_\_\_  
Signature      Date      Signature      Date