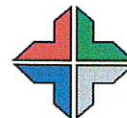


**BOARD OF HEALTH
BELMONT COUNTY HEALTH DEPARTMENT**



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

**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:

Phone Number:

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:** _____

**BOARD OF HEALTH
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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