

# GCGHD

## GALLIA COUNTY GENERAL HEALTH DISTRICT

ETHAN STEPHENS, D.O.

HEALTH COMMISSIONER/MEDICAL DIRECTOR



**Public Health**  
Prevent. Promote. Protect.  
Gallia County  
Health Department

499 JACKSON PIKE, SUITE D, GALLIPOLIS, OHIO 45631-1398 • (740) 441-2018 • FAX (740) 441-2045 • gchd@galliahealth.org

### Application to Operate a Tattoo and/or Body Piercing Establishment

#### INSTRUCTIONS:

1. Complete the applicable sections. Make any corrections if necessary.
2. Sign and date the application.
3. Make a check or money order payable to:
4. Return check and signed application by:  
to:

#### TYPE OF OPERATION:

Tattooing                       Body Piercing                       Tattooing & Body Piercing

#### BUSINESS INFORMATION:

Name of Tattoo and/or Body Piercing Business: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Phone Number: ( ) \_\_\_\_\_

#### OPERATOR INFORMATION:

Name of Operator: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Daytime Office Phone Number: ( ) \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_

Days of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY:

License No.: \_\_\_\_\_

Issued on: \_\_\_\_\_