



499 JACKSON PIKE, SUITE D, GALLIPOLIS, OHIO 45631-1398 • (740) 441-2018 • FAX (740) 441-2045 • gchd@galliacohealth.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 Address:		Tax ID#:
	Street	
Phone Number:		Zip Code
OPERATOR INFORMATION:		
		SS#:
	Street	
Daytime Office Phone Number	er: <u>, </u>	Zip Code
Home Phone Number: Days of Operation:		Hours of Operation:
OPERATION AND INTEND TO C		ED REPRESENTATIVE OF THE ABOVE STABLISHED BY SECTION 3730 OF THE OHIO CODE.
Signed:		Date:
FOR OFFICE USE ONLY:		
License No.:		Issued on: