

Crawford County General Health District

130 N. Walnut St.
Suite B
Bucyrus, Ohio 44820

W. Scott Kibler, MA, FACHE
Health Commissioner
Email: Environmental@crawford-co.org

419-562-5871
FAX 419-562-2048

APPLICATION TO OPERATE A TATTOO AND/OR BODY PIERCING ESTABLISHMENT

INSTRUCTIONS:

Complete all applicable sections. Make any corrections as necessary

Sign and date the application.

Make check or money order in the amount of \$ _____ payable to:

Crawford County General Health District

And return to: 130 N. Walnut St., Suite B
Bucyrus, OH 44820

**IF YOU ARE RENEWING YOUR LICENSE, PAYMENT MUST BE RECEIVED BY JANUARY 31st OR
A 25% LATE PENALTY WILL BE ADDED.**

TYPE OF OPERATION:

_____ Tattoo Operation
_____ Body Piercing Operation
_____ Tattoo & Body Piercing Establishment

ARTIST NAME(S):

BUSINESS INFORMATION:

Name of Operation: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number for Operation: _____

OWNER/OPERATOR INFORMATION:

Name of All Owner/Operator (s): _____
Address (if different from above): _____
City: _____ State: _____ Zip: _____
Daytime Phone Number(s): _____
Days of Operation (circle): M T W Th F Sat Sun
Hours of Operation: _____

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

Signature: _____ Date: _____

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DO NOT WRITE BELOW THIS LINE

Approved by: _____ Date: _____