

APPLICATION FOR A LICENSE TO CONDUCT A TEMPORARY TATTOO/BODY PIERCING OPERATION

TYPE OF TEMPORARY: Tattoo Service Body Piercing Service Tattoo & Body Piercing Service

INSTRUCTIONS:

1. Complete all applicable sections.
2. Sign and date the application.
3. Make a check or money order payable to: **Columbus City Treasurer.**
4. Return signed application and fee payment to:
Columbus Public Health
Attn: Tattoo & Body Piercing Licensing Program
240 Parsons Ave., Columbus, OH 43215

EVENT INFORMATION - Complete this form and return with fee.

Before opening a temporary operation, the operator must complete the Event Information and Applicant Information sections below and pay all applicable fees **10 days** before the event.

License Fee is **\$85 per event** - TOTAL FEE ENCLOSED: \$ _____

Name of Event: _____

Location of Event: _____

Date(s) of Event: _____ Starting Time: _____

Event Organizer: _____ (Name) _____ (Phone)

APPLICANT INFORMATION

Before license application can be processed, the application must be completed and the indicted fee submitted. Failure to complete this application and remit the proper fee will result in not issuing a license. This action is governed by Chapter 3730.01 to 3730.11 of the Ohio Revised Code.

Name of Tattoo and/or Body Piercing Business		Business address	
City	State	Zip	
Phone #	Fax #	State of Origin License Number	

Name of license holder for Temporary			Phone number/Cell phone number	
City	State	Zip	Drivers License	Issuing State
Name of individual trained in bloodborne pathogens and their certification number (if available).			License holder is: (check all that apply) <input type="checkbox"/> Owner <input type="checkbox"/> Co-Owner <input type="checkbox"/> Operator	
I hereby certify that I am the license holder or the authorized representative of the tattoo and/or body piercing establishment indicated above and will comply with all requirements established by sections 3730.01 to 3730.11 of the Ohio Revised Code and all sections of Chapter 3701-9 of the Ohio Administrative Code.				
Signature			Date	

Office Use Fields in Grey		Total License Fee for Event	= Total Fee Amount Paid
By	Date	Audit no.	License no.

(1/18)