

Application for a License to Conduct a: (check only one)

 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 check and signed application to:
Columbus Health Department
Attn: Tattoo & Body Piercing Licensing Program
240 Parsons Ave, NL02
Columbus, Ohio 43215

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 Facility			
Address			
City	State	Zip	
Phone #	Fax #		
Name of license holder		Phone number	
Address of license holder		License holder is: (check all that apply) * owner disclosure on back <input type="checkbox"/> Owner <input type="checkbox"/> Co-Owner* <input type="checkbox"/> Operator*	
City	State	Zip	
Name of individual trained in bloodborne pathogens and their certification number (if available). (Use back for additional names)			

Mailing address for annual renewal is: facility address license holder address other –complete box below

Name of parent company or owner		Phone #
Address		
City	State	Zip
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

Licensors to complete below

Category		
License fee	+ Late fee	= Total Amount

Application approved for license as required by Chapter 3730 of the Ohio Revised Code.

By	Date	Audit no.	License no.
----	------	-----------	-------------

Fields below for additional information

Name of individual(s) trained in bloodborne pathogens (continued from front).

Owner information if not listed as License Holder on front. Also list other co-owner (s)

Name of owner		Phone number
Address of owner		
City	State	Zip

(9/04)