



Public Health
Prevent. Promote. Protect.

SIDNEY-SHELBY COUNTY HEALTH DEPARTMENT

202 W. Poplar Street, Sidney, OH 45365

Phone: (937) 498-7249 Fax: (937) 498-7013

E-Mail: sschd@shelbycountyhealthdept.org Website: shelbycountyhealthdept.org

APPLICATION TO OPERATE A TIME-LIMITED BODY ART SERVICES ESTABLISHMENT

Instructions

1. Complete the applicable sections.
2. Sign and date the application.
3. Make check or money order payable to: **Sidney-Shelby County Health Department.**
4. Return check or money order in the amount of **\$100.00 with signed and dated application at least 10 days before the event.**
5. Mail to: Sidney-Shelby County Health Department, 202 W. Poplar Street, Sidney, OH 45365.

Event Information

Services Offered (check all that apply):			<input type="checkbox"/> Tattooing	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Permanent Cosmetics
Name of Event				Date of Event	
Address					
City		State		Hours of Operation	

Time-Limited Body Art Services Establishment Operator

Name			Home Phone Number		
Address					
City		State		Mobile Phone Number	

Artist(s) Information (If you need to list additional artists, please list on the **reverse side**)

Name			<input type="checkbox"/> Tattooing	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Permanent Cosmetics
Name			<input type="checkbox"/> Tattooing	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Permanent Cosmetics

Statement of Attestation

I hereby certify that I am the operator or authorized representative of the above time-limited body art services establishment and intend to comply with all requirements established by Sections 3730.01-3730.11 of the Ohio Revised Code and Chapter 3701-9 of the Ohio Administrative Code.	
Name	
Signature	Date

Office Use Only

Permit Fee	\$ 100.00	
Application to Operate	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reviewer
Receipt Number	Approval Number	

Currently Owned/Operated Body Art Services Establishments

Name		Phone Number
Address		
City	State	Zip Code

Name		Phone Number
Address		
City	State	Zip Code

Additional Artists Information (If applicable)

Name	<input type="checkbox"/> Tattooing	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Permanent Cosmetics
Name	<input type="checkbox"/> Tattooing	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Permanent Cosmetics
Name	<input type="checkbox"/> Tattooing	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Permanent Cosmetics
Name	<input type="checkbox"/> Tattooing	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Permanent Cosmetics
Name	<input type="checkbox"/> Tattooing	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Permanent Cosmetics
Name	<input type="checkbox"/> Tattooing	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Permanent Cosmetics

***For a copy of the Ohio Body Art Rules (OAC 3701-9) go to:
odh.ohio.gov/know-our-programs/body-art-program/laws-and-rules**