



**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](mailto:sschd@shelbycountyhealthdept.org) Website: [shelbycountyhealthdept.org](http://shelbycountyhealthdept.org)

## APPLICATION TO OPERATE A BODY ART SERVICES ESTABLISHMENT Approval Valid January 1, 2026 – December 31, 2026

### 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 **\$325.00** with signed and dated application by **January 2, 2026. Applications received or postmarked after January 2, 2026 will incur a mandated 25% penalty fee.**
5. Mail to: Sidney-Shelby County Health Department, 202 W. Poplar Street, Sidney, OH 45365.

### **Establishment Information**

Services Offered (check all that apply):			<input type="checkbox"/> Tattooing	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Permanent Cosmetics
Name				Phone Number	
Address					
City		State		Zip Code	

### **Owner/Operator** (If more than one owner, please list additional owners on the reverse side)

Name			Phone Number		
Address				Email address	
City		State		Zip Code	

### **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**

<b>I hereby certify that I am the operator, owner or authorized representative of the above 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.</b>	
Name	
Signature	Date

### **Office Use Only**

Permit Fee <b>\$ 325.00</b>	Late Fee	Total Amount Due
Application to Operate <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reviewer	
Receipt Number	Approval Number	

**Additional Owners/Operators** (If applicable; 5% or greater ownership interest)

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](http://odh.ohio.gov/know-our-programs/body-art-program/laws-and-rules)**

**OAC 3701-9-02(C) Board of Health Approval**

(C) Persons seeking approval to operate a business offering body art services shall apply to the board of health of the city or general health district in which the business is located, on forms the board shall prescribe and provide. The applicant shall submit all applicable fees and information the board of health determines is necessary to process the application. Information requested by the board of health as part of the application process shall include, but not be limited to, the following:

- (1) The name, address, telephone number, business address, business telephone number, and occupation of the operator. If the operator is an association, corporation, or partnership, the address and telephone number of the entity and the name of every person who has an ownership interest of five percent or more in the business;
- (2) The name of each person or entity who has an ownership interest of five percent or more in the business;
- (3) Statement of attestation that the operator intends to comply with all requirements established by sections 3730.01 to 3730.11 of the Revised Code and the rules of this chapter; and
- (4) A list of all body artists who have received adequate training and will be performing body art services in the body art establishment.