



**Public Health**  
Prevent. Promote. Protect.

Fairfield Department of Health

FAIRFIELD DEPARTMENT OF HEALTH  
1550 SHERIDAN DRIVE, SUITE 100  
LANCASTER, OHIO 43130  
(740) 652-2800

**Application to Operate a Time Limited Tattoo and/or Body Piercing Establishment**

**INSTRUCTIONS:**

1. Complete the applicable sections. Make any corrections if necessary.
2. Sign and date the application.
3. Make a check or money order payable to: [Fairfield Department of Health](#)
4. Return check and signed application to:

**TYPE OF OPERATION:**

Tattooing                       Body Piercing                       Tattooing & Body Piercing

**BUSINESS INFORMATION:**

Name of Tattoo and/or Body Piercing Business: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

Phone Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**OPERATOR INFORMATION:**

Name of Operator: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

Daytime Office Phone Number: ( ) \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_

**TIME LIMITED EVENT INFORMATION:**

Name of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Address of Event: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Operation Time(s): \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Date Paid: \_\_\_\_\_ Receipt # : \_\_\_\_\_ License Fee = \$ \_\_\_\_\_ (\$28/day)

Approved By: \_\_\_\_\_ Date \_\_\_\_\_ License No: \_\_\_\_\_