2020 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: Richland Public Health.
4. Return signed application and fee payment to:
   Richland Public Health
   Attn: Environmental Health
   555 Lexington Avenue
   Mansfield OH 44907

**Event Information**
Complete this form and return with fee. License Fee is $110.00. **TOTAL FEE ENCLOSED $**

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.

Name of Event: __________________________
Location of Event: _________________________
Date(s) of Event: __________________________
Starting Time: ____________________________
Event Organizer: __________________________

**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.

<table>
<thead>
<tr>
<th>Name of Tattoo and/or Body Piercing Business</th>
<th>Business address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone #</td>
<td>Fax #</td>
</tr>
<tr>
<td>State of Origin License Number</td>
<td></td>
</tr>
</tbody>
</table>

**License Holder**
Name of license holder for Temporary

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Drivers License</th>
<th>Issuing State</th>
</tr>
</thead>
</table>

Name of individual trained in bloodborne pathogens and their certification number (if available).

License holder is: (check all that apply)

[ ] Owner  [ ] Co-Owner  [ ] 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

<table>
<thead>
<tr>
<th>By</th>
<th>Date</th>
<th>Audit no.</th>
<th>License no.</th>
</tr>
</thead>
</table>

(Update 3/15)