

MORGAN COUNTY HEALTH DEPARTMENT
Tattoo / Body Piercing Parlor
Artist Application

FEE: \$100.00

Name of Artist: _____

Home Address: _____

Place of Operation: _____

Address of Business: _____

Daytime phone: _____ Home Phone: _____

Date of Event:

Start Date: _____ End Date: _____

Hours of Operation: _____

Training Completed:

Tattoo / Body piercing Training: _____

Red Cross First Aid Training: _____

Bloodborne Pathogen Training: _____

**I HEREBY CERTIFY THAT I AM THE OPERATOR, AT THE ABOVE
BUSINESS ESTABLISHMENT, AND INTEND TO COMPLY WITH ALL
REQUIREMENTS ESTABLISHED BY SECTION 3730 OF THE OHIO REVISED
CODE.**

Signed: _____ Date: _____