

MORGAN COUNTY HEALTH DEPARTMENT  
Tattoo / Body Piercing Parlor  
Business Application FEE: \$250.00

Name of Operator: \_\_\_\_\_

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

Place of Operation: \_\_\_\_\_

Address of Business: \_\_\_\_\_

\_\_\_\_\_

Daytime phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Names of Artists: (Please Print)

Home Phone Number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_