

# Tattoo and Body Piercing Application

Delaware General Health Department  
 P.O. Box 570, 1 West Winter Street  
 Delaware, Ohio 43015  
 (740) 368-1700 (740) 548-7055  
 FAX: (740) 368-1736

Application for a License to Operate a:			
<input type="checkbox"/> Tattoo		<input type="checkbox"/> Body Piercing	
<input type="checkbox"/> Tattoo and Body Piercing		<input type="checkbox"/> Time-Limited	
Health District		Name of Facility	
Name of Operator			
Address		City	
Zip Code		Telephone Number	
Business Address		City	
Zip Code		Telephone Number	
Signature of Applicant			Date
This operation is:			
Association <input type="checkbox"/>		Corporation <input type="checkbox"/>	
		Partnership <input type="checkbox"/>	
List all persons who have at least 5 percent interest in this business:			
Name		Address	Telephone
Name		Address	
Name		Address	
(use back of form, if necessary)			

Pursuant to Section 3730.30

Health Commissioner Signature		Date
License Number		

*Licenses are not transferable or refundable*

### Statement of Attestation

I, \_\_\_\_\_ intend to comply with all requirements established by Sections 3730.01 to 3730.11 of the Revised Code and the Rules of this Chapter.

\_\_\_\_\_  
 Operator

\_\_\_\_\_  
 Date