



**Public Health**  
Prevent. Promote. Protect.  
Ashland County Health Department

## ASHLAND COUNTY HEALTH DEPARTMENT

### Application to Operate a 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: Ashland Health Department
4. Return payment and signed application by: **TO: Ashland County Health Department**  
**25% additional fee after December 31, 2024**

**1211 Claremont Ave  
Ashland, OH 44805**

**TYPE OF OPERATION:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Late fee \$20.00    | <input type="checkbox"/> Late fee \$20.00        | <input type="checkbox"/> Late fee \$30.00                     |
| <input type="checkbox"/> Tattooing - \$80.00 | <input type="checkbox"/> Body Piercing - \$80.00 | <input type="checkbox"/> Tattooing & Body Piercing - \$120.00 |

**Business Information:**

Tax ID#: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Operator Information:**

Social Security #: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

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

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

**Training & Certification:**

<b>OFFICE USE ONLY</b>	
License No.:	Issued on: