



Public Health
Prevent. Promote. Protect.
Greene County



Greene County Public Health

Melissa Howell MS, MBA, MPH, RN, REHS, Health Commissioner
Kevin L. Sharrett, MD, Medical Director

Application to Operate a Time-Limited Body Art Establishment

Instructions:

1. Complete all sections. Make additions or changes as necessary.
2. Sign and date the application
3. Submit the signed application and the appropriate fee (\$200.00) FOURTEEN DAYS (14) prior to the event start date.
4. Checks should be submitted and made payable to:

Greene County Public Health
360 Wilson Drive
Xenia, OH 45385

Business Information				
Business Name _____				
Street Address _____				
City _____	State _____	ZIP _____	Phone: _____	
Name of Operator _____ Name of Owner _____				
Mailing Information				
Name _____	Street _____	City _____	State _____	Zip _____ Email: _____
Applicant Signature _____			Date _____	

Tattooing

Body Piercing

Provide a list of all artists who have received adequate training and will be performing body art services at the event.
Attach additional sheets as necessary:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Office Use Only

ID# _____ Fee Paid _____ Receipt # _____
 Registration Approved _____ Registration Denied _____
Date _____ Date _____