

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