



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 _____	State _____	Zip _____	Email: _____	
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 # _____	
<input type="checkbox"/> Registration Approved	<i>Date</i>	<input type="checkbox"/> Registration Denied	<i>Date</i>